04855

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood - Maryland
STREET ADDRESS (If rural, give location) (Colmar Manor) 4307 Newton St. Brentwood, Md.

3. NAME OF DECEASED (Type or Print) (First) Mrs Mattie (Middle) Lee (Last) Adcock

4. DATE OF DEATH (Month) 5 - (Day) 29 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-24-1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Stargal
14. MOTHER'S MAIDEN NAME Nancy Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Daughter + Wash. San + Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Occlusion | Terminal |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension - Arteriosclerosis | ? years |
| | (c) Diabetes Mellitus | 10 yrs. |

260
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-18-49
19b. MAJOR FINDINGS OF OPERATION Diabetic Gangrene
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1949, to May 29, 1949, that I last saw the deceased alive on May 29, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert A Hare MD (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 5/29/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-1-49 NAME OF CEMETERY OR CREMATORY Albaran Cem. LOCATION (City, town, or county) (State) Charlottesville Va.

DATE REC'D BY LOCAL REG. 5/29/49 REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR J. William Lee's Sons Co. ADDRESS 300-4th St N.E. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. M.

04856

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 91 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia; STREET ADDRESS (If rural, give location) 913 K Street, SE.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| LeRoy | Chapman | BERRY | May | 25 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | single | 11-21-96 | 52 yrs. | 6 | 4 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Painter | | Washington, D.C. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John H. Berry | Gertrude Kennedy |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| yes WWI&2 | | Mr. Harry L. Berry |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma emphagus | ? |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) with erosion into lung | 1 day |
| | (c) | |

150
46a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Feb. 23, 1949, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| P. L. BATES P L Bates | Lt. JG MC USN | US Naval Hospital Bethesda, Md. | 26 May 1949 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 31 May 1949 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 26 May 1949 | Mary C. Patterson | Wm MALLY | 528 8th St. SE., Washington, D.C. |

E. E. Dise.

VS. A15

RECEIVED
MAY 28 1949
BUREAU T. S.

04857

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 3 mons. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrodsburg
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) Leo (Last) BISSET
4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 49

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | W-US | Single | 9-30-71 | 77 yrs. | 8 | 1 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Naval Personnel
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ky.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: BISSETT, David Ky.
14. MOTHER'S MAIDEN NAME: BELLE, Martha Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SpAm.
16. SOCIAL SECURITY NO.:
17. INFORMANT: brother: Mr. Lee Bisset

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 5 wks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) General debility | |
| | (c) | |

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1949, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

SIGNATURE H. J. Cokely (Degree or title) Capt. MC USN ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 5-31-49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal (Burial)
DATE THEREOF 6-1-49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Harrodsburg, Ky.

DATE REC'D BY LOCAL REG. 5-31-49
REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR'S SIGNATURE S. H. Hines Co.
ADDRESS S. H. HINES, 2901 11th St., N.W., Wash., D.C.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

04858

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 903 Kennebec Ave. | STREET ADDRESS (If rural give location) 903 Kennebec Ave. |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Franklin (Middle) Howard (Last) Bogardus | | | 4. DATE OF DEATH (Month) May (Day) 17 (Year) 1949 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH August 17, 1878 | 9. AGE last birthday 70 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Government | | 11. BIRTHPLACE (State or foreign country) Kenton, Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Howard A. Bogardus | | | 14. MOTHER'S MAIDEN NAME Mary Louisa Ritzler | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Spanish Amer. War | 16. SOCIAL SECURITY No. None | | 17. INFORMANT Mrs. Metta M. Bogardus | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive heart failure | 3 weeks |
| 416 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | years (?) |
| | (c) Rheumatic heart disease | years (?) |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Sydenham's Chorea | 6 years |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov. 23, 1948, to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace N. Mook M.D. ADDRESS 805 Carroll Ave., Takoma Park, Maryland DATE SIGNED

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE May 19 1949 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem | LOCATION (City, town, or county) (State) Pr. George's Co. Maryland |
| DATE REC'D BY LOCAL REG. 5/17/49 | REGISTRAR'S SIGNATURE J. Milton Dodd | 24. FUNERAL DIRECTOR The S H Hines Co | ADDRESS 901-14th St. N.W. Wash. D.C. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1949
BUREAU Y. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04859

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 3 days; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville; STREET ADDRESS (If rural give location) 90 Benjamin Mackle

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) (Last) Boone

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1884

9. AGE last birthday: Approx 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Prince George Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles George Butler

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Congestive heart failure | 3 mos. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic myocarditis | 1 year |
| | (c) arteriosclerotic heart disease | 1 year |

430.0
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1949, to May 25, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D. Clarksville, Md. 5-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-28-49

NAME OF CEMETERY OR CREMATORY: Woodville

LOCATION (City, town, or county) (State): Aquasco. Md.

DATE REC'D BY LOCAL REG. 5-25-49

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: F.C. Higginbotham

ADDRESS: Ellicott City Md

RECEIVED
JUN 17 1949
REAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04860

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 2 mons. 28 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 1214 V St., S.E.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) BRAZEROL
4. DATE OF DEATH: (Month) May. (Day) 6 (Year) 1949
5. SEX: male
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 2-3-92
9. AGE last birthday: 57 yrs. If under 1 year: Months 3 Days 3 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard Treasure Dept.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wash.,D.C.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: BRAZEROL, Christian D. dec
14. MOTHER'S MAIDEN NAME: SCHANBERGER, Mary Md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT: mother: Mrs. Mary C. Brazerol

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Bronchogenic, lgt Upper lobe — 6 Mo
162 Antecedent cause(s)
47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1949, to May 6, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred at 7:49A m., from the causes and on the date stated above.

SIGNATURE W. F. Queen
(Degree or title) Wm. F. QUEEN, Cdr. MC USN, ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 5-6-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Wash.,D.C.

DATE REC'D BY LOCAL REG. 5-6-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR Simmons Brothers
ADDRESS 2007 Nichols Ave.,S.E. Wash.,D.C.
Leonard H. Simmons

RECEIVED
MAY 11 1949
BUREAU V. E.

04861

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md-Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 128 Maple Avenue

3. NAME OF DECEASED (Type or Print) (First) JULIA (Middle) DADE (Last) BRISCO
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 29 1866
9. AGE last birthday 83 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid
10b. KIND OF BUSINESS OR INDUSTRY Housemaid
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Calvin Brisco
14. MOTHER'S MAIDEN NAME Lecrutia ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Jackson - (Friend)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis | 3 days |
| 332 Antecedent cause(s) | | |
| 83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) arterio-sclerosis | Indefinite |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. G. Little, M.D. 6911 5th St. N.W. Washington D.C. 5/8/49

23. BURIAL, CREMATION REMOVAL. (Specify) Burial
DATE May 10, 1949
NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery
LOCATION (City, town, or county) Morganza. (State) Md

DATE REC'D BY LOCAL REG. May 8/49
REGISTRAR'S SIGNATURE J. Wilson Reed
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

One of Waysiche

RECEIVED
MAY 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04862

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 39 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home | STREET ADDRESS (If rural give location): Route #3 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) (Last) Brooks | | | | 4. DATE OF DEATH (Month) May (Day) 7 (Year) 1949 | | | |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Sept 16/75 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months 7 Days 21 | If under 24 hrs.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country): Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME: Joseph C. Eglin | | | 14. MOTHER'S MAIDEN NAME: Harriett Ricketts | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Daniel L. Brooks | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombus — 36 hours

332 Antecedent cause(s) (b) Hypertension Arteriosclerotic — 15 years

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | |
|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 6 May, 1949, to 7 May, 1949, that I last saw the deceased alive on 7 May, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE: W. S. Murphy Md (Degree or title) ADDRESS DATE SIGNED: 11 May '49

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5/11/49 | NAME OF CEMETERY OR CREMATORY: Concord Cemetery | LOCATION (City, town, or county): Bethesda | (State): Md. |
| DATE REC'D BY LOCAL REG.: 5-11-49 | REGISTRAR'S SIGNATURE: W.E. Jobes | 24. FUNERAL DIRECTOR: Robert A. Pumphrey | ADDRESS: Bethesda, Md. | |

RECEIVED
MAY 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04863

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Brooks

4. DATE OF DEATH (Month) May (Day) 20, (Year) 1949

5. SEX Female
6. COLOR OR RACE A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 10, 1871
9. AGE last birthday 77 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT George Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia | 2 wo. |
| Antecedent cause(s) 450.0 | (b) Chronic Nephritis | 1 yr |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131.0 | (c) Arteriosclerosis, generalized | years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Rigon MD Sandy Spring, Md. May 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/22/49
NAME OF CEMETERY OR CREMATORY Round Oak
LOCATION (City, town, or county) Spencerville, Md (State)

DATE REC'D BY LOCAL REG. May 22, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaeffe
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04864

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
LENGTH OF STAY (In this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON SAN. + HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9004 Fairview Rd.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Teresa (Last) Brown

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-22-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Bryant

14. MOTHER'S MAIDEN NAME: Mary Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute myocardial failure | One day ± |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) General Carcinomatosis + Ca. of liver | One month ± |
| | (c) Chronic myocarditis + Coronary disease | One year ± |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstructive Jaundice — 3 weeks ±

19a. DATE OF OPERATION: May 12, 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver + General carcinomatosis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED White at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6-, 1949, to 5-14-, 1949, that I last saw the deceased alive on 5-13-, 1949, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lead N Calvert MD — ADDRESS: 7894 Georgia Ave., Silver Spring, Md — DATE SIGNED: 5-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-17-49 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem. — LOCATION (City, town, or county): Prince George's Co. — (State): Md

DATE REC'D BY LOCAL REG.: 5/14/49 — REGISTRAR'S SIGNATURE: H. Willis Wood

24. FUNERAL DIRECTOR: S. H. Hines Co. — ADDRESS: Washington, D.C.

RECEIVED
MAY 18 1949
BUREAU T. S.

Evidence for addition of #21 shown on:

04865

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 120 JUL -5 1949

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Vienna
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural give location) RFD# 1., Box 246

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (n) (Last) BRUNING
4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-27-1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY Accountant
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter C. Bruning
14. MOTHER'S MAIDEN NAME Margaret Stegeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Marie C. Brunning

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns, second & third degree (scalding) feet, legs, buttocks, back and arms.
917 Antecedent cause(s)
181 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral vascular accident
(c) Carcinoma of the prostate

INTERVAL BETWEEN ONSET AND DEATH: days; long standin; long standing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. N. Hosp.
(CITY OR TOWN) Bethesda, Md. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) May 1949 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Pt. while taking a bath accidentally turned on hot water. Due to cerebral vascular acc. he couldn't call for help. (7/1/49 ds)

22. I hereby certify that I attended the deceased from March 29, 1949, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE Wm. W. Miller Jr. (MS) USN (Degree or title) ADDRESS USNH, Bethesda, Md. DATE SIGNED 5-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-13-49
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 5-9-49
REGISTRAR'S SIGNATURE Mary C. Patterson
Mary C. Patterson
Registrar

24. FUNERAL DIRECTOR S. H. HINES ADDRESS 2901 14th St. N.W. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04866

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 7 mons. 21 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 1603 11th St., So.

3. NAME OF DECEASED (Type or Print): (First) Jeff (Middle) (Last) BULLOCK
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1949
5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 12-3-88
9. AGE last birthday: 60 yrs. | If under 1 year: Months 5 Days 12 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: BULLOCK, Edward N.C.
14. MOTHER'S MAIDEN NAME: WOODEN, Julia Va.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service) WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: wife: Mrs. Agnes Bullock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia Lobar Friedländers (Chronic)

490 Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Edema

(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 24, 48 to May 15, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE S. R. Mills Jr. (Degree or title) ADDRESS DATE SIGNED

S. R. MILLS, Jr., Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 5-16-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE 5-19-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 5-16-49 | REGISTRAR'S SIGNATURE Mary O. Patterson | 24. FUNERAL DIRECTOR ADDRESS: P. W. Shinn Funeral Home, Arlington, Va.

Mary O. Patterson

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04867

# CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson (Rural) — LENGTH OF STAY (In this place) 60yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson, Md, (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Alice (Last) Butler

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Dec 12 - 1825 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Brunner — 14. MOTHER'S MAIDEN NAME: Julia Ann Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT: George Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 16 days

Antecedent cause(s) — 430.1 — 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) High arterial tension — yrs

(c) Coronary sclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April-19-, 1949, to May-5-, 1949, that I last saw the deceased alive on May-4-, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE William L. Miller M.D. (Degree or title) — ADDRESS Smithsburg, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 7-1949 — NAME OF CEMETERY OR CREMATORY: Monocacy — LOCATION (City, town, or county): Beallsville (State) Md

DATE REC'D BY LOCAL REG. May 6, 1949 — REGISTRAR'S SIGNATURE Charles G. Elgin

24. FUNERAL DIRECTOR: William B. Hilton — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

04868

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg (rural) LENGTH OF STAY (in this place) 3 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg – rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Elizabeth (Last) Butt

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1949

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH 9-18-'73

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Va

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm T. Carter

14. MOTHER'S MAIDEN NAME Amanda Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Ethel Butt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | sudden death |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 94a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 4, 1949 NAME OF CEMETERY OR CREMATORY Potomac Methodist Cemetery LOCATION (City, town, or county) Potomac, (State) Maryland

DATE REC'D BY LOCAL REG. May 3-49 REGISTRAR'S SIGNATURE Alneda G. Goode

24. FUNERAL DIRECTOR Robert A. Pumphrey-Rockville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 5 1949
BUREAU V. S.

Evidence for addition of 18b is on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04869

FILM No. G 121 JUL -8 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY OR TOWN U. S. Bethesda (rural); LENGTH OF STAY (In this place) 12hrs 15min; HOSPITAL OR INSTITUTION OR STREET ADDRESS US Nava. Hospital, B

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN Rockville, Maryland; STREET ADDRESS (If rural, give location) Rockville, Maryland # 325

3. NAME OF DECEASED (Type or Print): (First) Mack (Middle) H. (Last) CARLISLE

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-17-96

9. AGE last birthday: 53 yrs. If under 1 year: Months 11 Days 13 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): P.O. Custodian

10b. KIND OF BUSINESS OR INDUSTRY: P.O. Custodian

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Carlisle

14. MOTHER'S MAIDEN NAME: ? unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Esther I. Carlisle, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Myocardial Failure | 14 days |
| 443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Hypertensive Heart disease (7/8/49 - as.) | — |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1949, to May 30, 1949, that I last saw the deceased alive on May 30 1949, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE Jack T. Jones, Jr. (Degree or title) Lt. MC USN ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 5-30-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-2-49

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 5-30-49

REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR: W. R. PUMPHREY, 5775 Wisc. Ave. Beth. Md. ADDRESS Robert E. Pumphrey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04870

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 3 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C.; COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   STREET ADDRESS (If rural give location) 1119 12thSt., N. W.,Apt. B

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) LAwrence (Last) CARPENTER

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-31-97

9. AGE last birthday: 52 yrs. If under 1 year: Months 3, Days 4, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: CARPENTER, Cicero Ga. dec.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: wife: Mrs. Josephine Carpenter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Mal Nutrition | 2 Months |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, General | 2 yr. |
| | (c) | |

4500 97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1949, to 5 May, 1949, that I last saw the deceased alive on 5 May, 1949, and that death occurred at 8:13 P m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) ADDRESS DATE SIGNED

Wm. F. QUEEN, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 5-6-49

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: May 11, 1949 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 5-6-49 | REGISTRAR'S SIGNATURE Mary E. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. W. CHAMBERS, 1400 ChapinSt., N.W., Wash.,D.C.

OMK.

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04871

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
LENGTH OF STAY (In this place) 62 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville - Maryland
STREET ADDRESS (If rural, give location) R.R. # 3.

3. NAME OF DECEASED (Type or Print): (First) Mr (Middle) Thomas Earl (Last) Carroll

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-20-1898

9. AGE last birthday: 50 yrs. If under 1 year: Months 6 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscape Archtect

10b. KIND OF BUSINESS OR INDUSTRY: Landscaping

11. BIRTHPLACE (State or foreign country): Norwood - Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence B. Carroll

14. MOTHER'S MAIDEN NAME: Carrie B. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wash. San & Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Myeloma — Interval: 8 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal Bronchopneumonia — Interval: 3 days

229 55.6

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1949, to 5-29, 1949, that I last saw the deceased alive on 5-29, 1949, and that death occurred at 12:40 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

De Vae K. Mudd M.D. Takoma Park, Md. 5-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 1, 1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Bladensburg Rd., Md.

DATE REC'D BY LOCAL REG.: May 31 1949

REGISTRAR'S SIGNATURE: J. Elkin Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey Jr. ADDRESS: Silver Spring, Md.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04872

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darnestown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Own Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darnestown
STREET ADDRESS (If rural, give location): Gaithersburg- R.F.D.

**3. NAME OF DECEASED** (Type or Print): (First) CHARLES (Middle) (NMI) (Last) CARTER

**4. DATE OF DEATH**: (Month) May (Day) 7 (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 8/11/70 | 78 yrs. | 8 | 26 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | Farming | Darnestown, Maryland | USA |

**13. FATHER'S NAME**: Franklin Carter

**14. MOTHER'S MAIDEN NAME**: Seila J. McHarty

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | If year, give war or dates of service | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| No | None | None | Mrs Charles Carter (wife) |

**18. MEDICAL CERTIFICATION**

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) Uremia | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Glomerular nephritis | 10 years |
| (c) Congestive heart failure | undetermined |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | |

434.1
1316

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| none | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| none m. | | |

22. I hereby certify that I attended the deceased from April 29 1949, to May 7, 1949, that I last saw the deceased alive on March 7 1949, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John S. Fawcett M.D. | | P.O. Boyd Md | May 7 49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5/10/49 | Darnestown Presbyterian Church Cemetery | Darnestown, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-10-49 | C. L. Thompson | Robert E. Pumphrey | Bethesda, Md. |

RECEIVED
MAY 12 1949
BUREAU V. S.

04873

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 5 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) R.F.D #3

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) (Last) Castile
4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1949
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 20, 1898
9. AGE last birthday 51 yrs. If under 1 year: Months 3 Days 19 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Peter Mitchell
14. MOTHER'S MAIDEN NAME Emma
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Inez Castile (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock - Pauline congestion of the lungs

550.1 Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peritonitis, generalize

(c) Acute gangrenous ruptured appendicitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiorespiratory Disease

19a. DATE OF OPERATION 5/18/49
19b. MAJOR FINDINGS OF OPERATION Abdominal Abscess, Acute gangrenous ruptured appendicitis
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18-49, 19 8pm, to 5-19, 19 49 1:30 AM, that I last saw the deceased alive on 5-19, 1949, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Alvin Gratheney (Degree or title) M.D. ADDRESS Suburban Hospital, Bethesda, Md DATE SIGNED 5-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/22/49
NAME OF CEMETERY OR CREMATORY Seneca
LOCATION (City, town, or county) Seneca, Md (State)
DATE REC'D BY LOCAL REG. 5-21-49
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert L Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04874

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (In this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS NAVAL HOSPITAL, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idaville
STREET ADDRESS (If rural give location) Box 41

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Julia | Isabelle | Clark | May | 12 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | married | 2-16-06 | 43 yrs. | 2 | 26 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | | Penna | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Elmer Lobaugh | Mary Crum |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | | Husband: Albert A.C. Clark |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, gastrointestinal, metastatic to liver — 6 mo.

159 Antecedent cause(s)

46mm: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 5/13/49 | Metastatic gastro intestinal neoplasm to liver | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| 5 | 3 | 49 | m. | | |

22. I hereby certify that I attended the deceased from April 26, 1949, to May 12, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE J. J. ZUSKA, Cdr. MC USN — (Degree or title) — ADDRESS USNH Bethesda, Md. — DATE SIGNED 5-12-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 5-16-49 | Bendersville | Bendersville | Penna. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-12-49 | Mary C. Patterson | M.E. DUGAN | BENDERSVILLE, PENNA. |

Mary C. Patterson
Registrar

M. E. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04875

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 25 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Nava. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 942 S St., N. W.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Bernard | Garnett | Cooper | May | 1 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | Negro | separated | 8-21-85 | 63 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Guard | | Wash., D.C. | US |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| COOPER, Jonas | GREEN, Esther |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| yes | WW I | | sister: Miss Anna Cooper |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Embolism | minutes |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma Stomach | months |
| | (c) | |

151
46 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from April 6, 1949, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 3:48 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. N. Shelley
R. N. SHELLEY, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 5-3-49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 5-3-49 | Arlington National | Arlington, Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 5-3-49 | Mary E. Patterson | McGuire Funeral Home, 1820 9th St., N.W. Wash., D.C. |

J. F. W.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

114876

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roger Heights
STREET ADDRESS (If rural, give location) 5400 Farragut St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Roberts (Last) COXE

4. DATE OF DEATH: (Month) May 4 (Day) (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 5-12-92

9. AGE last birthday: 56 yrs. If under 1 year: Months 11 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N.J.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: COXE, George S. Pa. dec.

14. MOTHER'S MAIDEN NAME: ROBERTS, Emily, N.J. dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: wife: Mrs. Helen F. Coxe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Bronchogenic Carcinoma | 1yr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Pulmonary Edema | 8hrs |
| | (c) | |

162
47c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 April, 1949, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE S.R. Mills jr. (Degree or title) ADDRESS DATE SIGNED

S.R. MILLS, jr. LTJG MC USN, US Naval Hospital, Bethesda, Md. 5-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-9-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 5-5-49
REGISTRAR'S SIGNATURE: Mary C. Patterson
24. FUNERAL DIRECTOR: W. W. CHAMBERS, Riverdale, Md. ADDRESS

F.C.

VS. A15

RECEIVED
MAY 18 1949
BUREAU T. S.

04877

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NAVAL HOSPITAL, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 4900 Sedgewick St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) Fealy (Last) CUNNINGHAM

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-19-1903

9. AGE last birthday: 45 yrs. — If under 1 year: Months 7, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Accountant

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Mack Cunningham

14. MOTHER'S MAIDEN NAME: Mary Fealy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT: mother: Mrs. Mary F. Cunningham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma, Colon, with generalized Metastasis

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Nov. 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE: R. L. May (Degree or title) — ADDRESS: Wm. R. L. MAY, Lieut MC USN USNH Bethesda, Md. — DATE SIGNED: 5-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-17-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 5-14-49 — REGISTRAR'S SIGNATURE: Mary C. Patterson Mary C. Patterson Registrar — 24. FUNERAL DIRECTOR ADDRESS: Jos. Gawler & Sons 1756 Pa. Ave. Wash., D.C.

R.S.H.

VS. A15

RECEIVED
MAY 17 1949
BUREAU V. S.

04878

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 1 Mo. 16 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
STREET ADDRESS (If rural give location): 1134 12th St., NW

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | Ford | Cupps | May | 2 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | single | 4-10-89 | 60 yrs. | 0 | 22 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Manager, Rooming House | | Penna | U.S. |

13. FATHER'S NAME: William Henry Cupps

14. MOTHER'S MAIDEN NAME: Mary Agnes Clowes

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| yes | WW 1 | | Mr. William R. Cupps (brother) |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Subarachnoid Hemorrhage, Massive | Few hours |
| 581.0 Antecedent cause(s) | (b) Pontal Cerebrosis | |
| 1246 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from March 16, 1949, to May 2, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE C. F. Park (Degree or title) — ADDRESS — DATE SIGNED

C. F. PARK, Cdr. MC USNR, US Naval Hospital, Bethesda, Md. 5-2-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 5-5-49 | Arlington National | Arlington | Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-3-49 | Mary G. Patterson | W.W. Chambers, Washington, D.C. | |

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04879

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD #3 Bethesda
LENGTH OF STAY (In this place): 6 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD #3 Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD #3 Bethesda
STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Norris (Last) Dangler

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 1898

9. AGE last birthday: 51 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ? Norris

14. MOTHER'S MAIDEN NAME: Emma J. Micksel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles C. Dangler (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Interval: died suddenly

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

91a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broschart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 5-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-20-49 — NAME OF CEMETERY OR CREMATORY: St. Gabriels — LOCATION (City, town, or county) (State): Potomac Maryland

DATE REC'D BY LOCAL REG.: 5-19-49 — REGISTRAR'S SIGNATURE: J.E. Jones

24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

VS. A15A

RECEIVED
MAY 23 1949
BUREAU V. S.

04880

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 16 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville, Monrovia
STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Dora | Ann | DePew | May | 14 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Jan. 26, 1889 | 60 yrs. | 3 | 18 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Lee C. Virginia | U.S.A. |

13. FATHER'S NAME Henry Jones
14. MOTHER'S MAIDEN NAME Mary Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Glomerulonephritis

Antecedent cause(s) 592 132
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Marked Dehydration & Acidosis due
(c) to prolonged intractable diarrhoea of undetermined Etiology.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1949, to 5/14, 1949, that I last saw the deceased alive on 5/14, 1949, and that death occurred at 3:32 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James E Boyland M.D. 5/14/49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 17-49 | Linthicum Chapel | Clarksville, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 5-16-49 | M.E. Jones | Olin L. Molesworth - Damascus, Md. |

VS. A15

RECEIVED
MAY 19 1949
BUREAU V. S.

04881

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia COUNTY: Arlington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: TRAVAL HOSPITAL, Bethesda, Md. | STREET ADDRESS (If rural give location): 1011 N Randolph Apt. 2 |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) | |
| ~~Infant~~ Timothy | (n) | DILLON | May 11 1949 | |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 5-10-49 | 9. AGE last birthday: 0 yrs. — If under 1 year: Months / Days 1 — If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME: George William Dillon | | 14. MOTHER'S MAIDEN NAME: Mildred Steger | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: George William Dillon | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Erythroblastosis, foetalis — 22 hrs.

770.0 Antecedent cause(s)

161c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 10, 1949, to May 11, 1949, that I last saw the deceased alive on May 11, 1949, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A.M. MARGILETH, LTJG MC USN | | USNH Bethesda, Md. | 8-11-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5-13-49 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-11-49 | Mary C. Patterson ~~Mary C. Patterson~~ Registrar | JAMES T. RYAN 4th & Penna. Ave. Wash., D.C. | |

James T. Ryan, Inc. R N Hons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1949
BUREAU V. S.

04882

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 714

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Montg. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Briggs Chaney Road | STREET ADDRESS (If rural give location) Briggs Chaney Road |

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ELLA NORA ATWELL DOWNS

4. DATE OF DEATH (Month) (Day) (Year): May 30 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | widowed | March 28, 1868 | 81 yrs. | 2 | 2 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Leesburg, Va. | U. S. A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Thomas Atwell | Rebecca Chamblin |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| No | None | Miss Mozella L. Downs |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hypostatic Pneumonia | 2 days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Hypertension | 5 yrs + |
| | (c) Chronic Myocarditis | 5 yrs + |

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Tumor

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1945, to 5-30, 1949, that I last saw the deceased alive on 5-26, 1949, and that death occurred at 4:20 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| N. Lucius | M. D. | 9601 Georgia ave Silver Spring Md. | 5-31-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | June 2, 1949 | Burtonsville Union Cemetery | Burtonsville, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| June 2, 1949 | Josephine M. Schaeffer | Warner E. Simpson Inc | Silver Spring, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

June ✓

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR CORRECTION OF AGE IS ON FILE NO. G 120 JUN 17 1949

# CERTIFICATE OF DEATH

04883

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 12 Wall St.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Christopher (Last) England

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: Jan. 31/82 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months 3 Days 24 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G. England | 14. MOTHER'S MAIDEN NAME: Anne T. Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Harrison L. England (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CONGESTIVE HEART FAILURE — IMMEDIATE

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) PARALYSIS OF THROAT MUSCLES — TWO YEARS

(c) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE — TEN YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 2, 1949, to MAY 25, 1949, that I last saw the deceased alive on MAY 24, 1949 and that death occurred at 11:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gordon S. Rosenberger, M.D. — Rockville, Maryland — 5/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 27, 1949 | NAME OF CEMETERY OR CREMATORY: Rockville Union | LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. 5/27/49 | REGISTRAR'S SIGNATURE: E. P. Thompson | 24. FUNERAL DIRECTOR: Robert A. Humphrey | ADDRESS: Bethesda, Md.

RECEIVED
JUN 1 1949
BUREAU T. S.

05237

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md.
LENGTH OF STAY (In this place) 1 Month 20 Da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital NNMC

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington Dist of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 3506 Prospect Ave N. W.

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | James | Vincent | Forrestal | | May | 22 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | White | Married | 15 Feb 92 | 57 yrs. | 3 | 7 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Ex Sec. of Defense | Gov't. | New York | U. S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Forrestal | Mary Toohey |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|---|
| yes | WWI | | wife: Mrs. Josephine Forrestal |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Compound fracture of skull — sudden death

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U. S. Naval Hosp | (CITY OR TOWN) Bethesda | (COUNTY) Mont'y | (STATE) Md |
|---|---|---|---|---|

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| May 22 49-1500 m. | | Jumped from 16th floor window |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Broschart M. D. | | Gaithersburg Md | 5-22-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 5-25-49 | Arlington National | Arlington, Va. | |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-23-49 | Mary C. Patterson | Joseph Gawler, | 1756 Pa.Ave.,N.W.,Wash., D.C. |

F.A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 2 1949
BUREAU V. S.

04884

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place) Persons
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Jolliffe's Home for Elderly

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HARRIET FREEBEY

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1949 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Sept. 9, 1868
9. AGE last birthday 80 yrs. If under 1 year Months 8 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lawyer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Miss Fanny M. Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac Decompensation | 24 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral arteriosclerosis | 3 mo + ? |
| | (c) | |

334
95c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Montgomery Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1949, to 5-31, 1949 that I last saw the deceased alive on 5-31, 1949 and that death occurred at 5:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 9601 Sutton Pl. Silver Spring, Md. 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 3, 1949
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Bladensburg Rd., Md.

DATE REC'D BY LOCAL REG. June 2, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaeffer
24. FUNERAL DIRECTOR Warner C. Humphrey
ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

June 2

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04885

# CERTIFICATE OF DEATH

Reg. Dist. No. 1-215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (In this place): 2 Mo. 27 da.
HOSPITAL OR INSTITUTION: U.S. NAVAL HOSPITAL, Bethesda, Md.
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location): 10 Florida Avenue, N. W.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Joshua | GARNETT | 5 | 14 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Divorced | 3-17-1896 | 53 yrs. | 1 | 27 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Cab Driver | Cab Driver | Virginia | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Garnett | Annie Herald |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| Yes | WW I | | Mr. Rudolph N. Garnett |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Heart Disease, Arteriosclerotic | 1 yr. |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Chylothorax | 3 Mo. |

420.0
94a

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Feb. 17, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949 and that death occurred at 2:10 P. m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) — ADDRESS: USNH Bethesda, Md. — DATE SIGNED: 5-15-49

WM. F. QUEEN

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5-19-49 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-15-49 | Mary C. Patterson Registrar | W. W. CHAMBERS | 1400 Chapin St. N.W. Wash. D.C. |

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04886

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: subdivision

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: P. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg
STREET ADDRESS (If rural, give location): 5003 Quincy St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | Edward | Gasch | May | 13 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | | 6/15/1911 | 37 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Plumber | | Bladensburg, Md | U. S. A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Clarence B Gasch (dec.) | Margaret Rohrbach |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| yes | Navy | | Fiduciary Gasch (uncle) |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.3 / 180

**Immediate cause** (a) Compound fracture of skull

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | subdivision | Bethesda | Munty | Md |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| May 13-49 8:45 A.m. | | Working in ditch when caved in. |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Frank J. Bouchat M.D. | Bladensburg Md | 5-13-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | MAY 13/1949 | Gasch Funeral Home | Bladensburg, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-13-49 | H.E. Jobes. | F. Gasch & Son. | Hyattsville, Md. |

RECEIVED
MAY 18 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04887

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital Inc.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 307 Maple Drive

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Joseph | F. | Gates | MAY | 8 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widowed | May 25, 1880 | 68 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Blacksmith | | Howard County, Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Joseph F. Gates | Maria E. Hays |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| UNK. | | Hospital records |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia | 4 days |
| 610 Antecedent cause(s) | | |
| 137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertrophy of Prostate with Retension | 3 mos |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| April 29, 1949 | Prostatic hypertrophy | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from April 26, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 6:17 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | M.D. | Sandy Spring, Maryland | 5-8-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 11, 1949 | Derwood Cem | Derwood Montg Co Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| May 9-49 | Gertrude B Lawler | Robert R. Pumphrey | 7557 Wisc. Ave Bethesda, Md. |

RECEIVED
MAY 19 1949
BUREAU U. S.

04888

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Subdivision

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 919 - 12 St., Washington, D.C.
STREET ADDRESS (If rural, give location) 919 - 12th St., S.E.

3. NAME OF DECEASED (Type or Print) (First) Johnnie (Middle) Page (Last) Gilliams

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1949

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 6/24/1912
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Plumbing
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Field Gilliam
14. MOTHER'S MAIDEN NAME Alice - Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY No. No UNKOWN
17. INFORMANT Frank Hackel

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation — sudden death

925.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cave in of ditch

18a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushed chest

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Subdivision (CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 13-49-8.45 A.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Cave in of ditch

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg md DATE SIGNED 5-13-49

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF MAY 13, 1949
NAME OF CEMETERY OR CREMATORY 901 - 3rd St., S.W.
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 5-13-49
REGISTRAR'S SIGNATURE W.E. Jobes
24. FUNERAL DIRECTOR ADDRESS John T. Rhines - Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 18 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

114889

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4102 - 5th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lewis (Last) Glass

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9-24-89

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Examiner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Glass

14. MOTHER'S MAIDEN NAME: Rose Glass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Hospital Admission Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Terminal Bronchopneumonia | 5 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Thrombotic infarction Left occipital & parietal lobes | 2 months |
| 5461 92d | (c) Perforated duodenal ulcer | 7 days |
| | (d) Truncous Endocarditis | years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis & Hypertension Cardiovascular — Chronic

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☑ No ☐ |

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1949, to 5-25, 1949, that I last saw the deceased alive on 5-25, 1949, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

De Voe K. Meade M.D. Takoma Park, Md. 5-26-49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

May 28 Rock Creek Cem. Wash. D. C.

DATE REC'D BY LOCAL REG. 5/26/49 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR — ADDRESS

W. W. Deal Funeral Home 4812 Ga. Ave Wash. DC

RECEIVED
MAY 27 1949
BUREAU F. S.

04890

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Washington, D.C. COUNTY: |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 18 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital | STREET ADDRESS (If rural, give location): 5713 Clay St., N. E. |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) (Last) GRAY | | | | 4. DATE OF DEATH (Month) May (Day) 31 (Year) 1949 | | |
| 5. SEX: male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: 1-3-84 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months 4, Days 28 | If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Navy Yard | 10b. KIND OF BUSINESS OR INDUSTRY: Gov't. | | 11. BIRTHPLACE (State or foreign country): Tenn. | | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13. FATHER'S NAME: Unknown | | | 14. MOTHER'S MAIDEN NAME: Unknown | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI | | 16. SOCIAL SECURITY NO. | 17. INFORMANT: wife: Mrs. Mary Gray | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Urinary Bladder — 2 + yrs.

181

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

52 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 13, 1949, to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 4:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. L. BATES, Lt JG MC USN, US Naval Hospital, Bethesda, Md. 5-31-49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF: 6-3-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va. |
| DATE REC'D BY LOCAL REG.: 5-31-49 | REGISTRAR'S SIGNATURE: Mary C. Patterson | 24. FUNERAL DIRECTOR: W. E. JARVIS, 1432 U St., N. W., Wash., D.C | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

04891

Reg. Dist. No. 714

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Kensell
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wheaton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring (rural)
STREET ADDRESS (If rural, give location) Wheaton

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Thomas (Last) Grimes

4. DATE OF DEATH (Month) May (Day) 8 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 19 1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Grimes
14. MOTHER'S MAIDEN NAME Susan Grubbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War 1 (If yes, give war or dates of service) U.S.A.
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Bessie Grimes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage due to bullet

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) wound thru left chest

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Silver Spring R.F.D. (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) May (Day) 8 (Year) 49 (Hour) 7 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? self inflected gun shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 11, 1949
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) Olney, Md. (State)

DATE REC'D BY LOCAL REG. May 9, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaeffe
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 13 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

04892

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 714

**1. PLACE OF DEATH**
COUNTY: Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Glen
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Walter Reed Hosp Annex

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Ala — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: E. Gadsden
STREET ADDRESS (If rural, give location): 1510 Ansley St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Henry | Y. | Grizzelle | May | 3 | 19 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | 3 Oct 1922 | 26 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Soldier, U.S. Army | | Alabama | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Martha ? |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| Yes | WW II | | |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Compound fracture of skull | sudden death |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Jumped from balcony in Harp annex

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|
| | | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bruchart M.D. | | Gaithersburg Md | 5-4-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | May 5, 1949 | | Gadsden, Alabama |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| May 5, 1949 | Josephine M Schaffer | Wastler Funeral Home | 301 E. Capitol Wash. D.C. |

RECEIVED
MAY 11 1949
BUREAU V. S.

04893

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place): 2 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Own Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest towo) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 6708 Brookville Rd.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Aloysius (Last) Hackett

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/15/84

9. AGE last birthday: 64 yrs. — If under 1 year: Months 4, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: News Paper

11. BIRTHPLACE (State or foreign country): Canton, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Agustus Hackett

14. MOTHER'S MAIDEN NAME: Nancy J. Rockwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 579-32-5801

17. INFORMANT: Mrs Frances B. Hackett (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung. — Interval between onset and death: 6 mo.

163 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Mar 1, 19 49, to May 6, 19 49, that I last saw the deceased alive on May 6, 19 49, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emil G. Bauerfeind M.D. — ADDRESS: Bethesda Md — DATE SIGNED: 5/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit — DATE: May 10 1949 — NAME OF CEMETERY OR CREMATORY: Canton Cemetery — LOCATION (City, town, or county) (State): [redacted], Bradford Co., Pa.

DATE REC'D BY LOCAL REG. 5-7-49 — REGISTRAR'S SIGNATURE: W.E. Jobes W.E. Jobes — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
MAY 10 1949
BUREAU V. S.

04894

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Own Home.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): 204 Monroe St.

3. NAME OF DECEASED (Type or Print): (First) Stanislaus (Middle) Murray (Last) Hamilton

4. DATE OF DEATH: May 25 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1892

9. AGE last birthday: 56 yrs. — If under 1 year: Months 7, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Montg. Co. Gov.

10b. KIND OF BUSINESS OR INDUSTRY: Assesors Office

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: S. Murray Hamilton

14. MOTHER'S MAIDEN NAME: Katherine Olds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): Army

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lucy Brewer Hamilton (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Carcinoma of Larynx | 2 years |
| 161 Antecedent cause(s) | | | |
| 47a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Perforated gastric ulcer, operated, 1948. | |
| | (c) | Cataracts, both eyes | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1948

19b. MAJOR FINDINGS OF OPERATION: Malignant tissue removed from larynx

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 19..... to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. R. Smithwick, M.D. — ADDRESS: Rockville, Md. — DATE SIGNED: May 25, 1949.

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5/28/49 | Rockville Union | Rockville, Md. |

DATE REC'D BY LOCAL REG. 5-26-49 — REGISTRAR'S SIGNATURE: E. P. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04895

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 1 mo. 11 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY PG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3905 69th Place

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Oliver (Last) HARRIS
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1949

5. SEX: male
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 3-25-78
9. AGE last birthday: 71 yrs. | If under 1 year: Months 1 Days 23 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lumberman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ala.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: HARRIS, ? dec.
14. MOTHER'S MAIDEN NAME: MISSOUR, Ann dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: wife: Mrs. Lillie Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Embolus | 1 hr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Phlebothrombosis ? | +1 hr. |
| | (c) Post operative prostatectomy | 2½ weeks |

612
100b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1949, to May 18, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE P. L. Bates (Degree or title) ADDRESS DATE SIGNED
P. L. BATES, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 5-18-49

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: May 18, 1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Wadley, Ala.

DATE REC'D BY LOCAL REG. 5-18-49
REGISTRAR'S SIGNATURE: Mary C. Patterson
24. FUNERAL DIRECTOR ADDRESS: W. W. CHAMBERS, Riverdale, Md.

RECEIVED
MAY 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04896

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 29 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 1002 23rd St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Chris (Middle) (Last) HARRIS

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 3-13-87

9. AGE last birthday: 62 yrs. If under 1 year: Months 2 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Washer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: HARRIS, Jesse Va. dec.

14. MOTHER'S MAIDEN NAME: TURNER, Alice Va. dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Blanche Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, Acute, Miliary #1146 — Interval between onset and death: 8 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

019.1

220

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1949, to May 18, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 7:25 P m., from the causes and on the date stated above.

SIGNATURE John W. Flynn (Degree or title) ADDRESS DATE SIGNED

John W. FLYNN, Lt. MC USN, US Naval Hospital, Bethesda, Md. 5-19-49

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE: 5-25-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 5-19-49

REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. ERNEST JARVIS, 1432 U St., N.W., Wash., D.C.

VS. A15

RECEIVED
MAY 21 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04897

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location): 30 Seaton Pl., N. W.

3. NAME OF DECEASED (Type or Print): (First) Berkley (Middle) Alexander (Last) HARRISON

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 13, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months 9 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Guard

10b. KIND OF BUSINESS OR INDUSTRY: Civil Ser.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: HARRISON, William Henry Va.

14. MOTHER'S MAIDEN NAME: CARTER, Charity Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: Durham, N.C.
sister: Mrs. Ada E. Davis, 613 Dupree St.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Aspiration Pneumonia | 1 day. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypernephroma Left K.P.O. | 9 days |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

180
52a

19a. DATE OF OPERATION: 5-22-49

19b. MAJOR FINDINGS OF OPERATION: Nephrectomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1949, to May 31, 1949, that I last saw the deceased alive on May 31, 1949 and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE P. L. Bates (Degree or title) ADDRESS: P. L. BATES, Lt. JG MC USN US Naval Hospital, Bethesda, Md. DATE SIGNED: 5-31-49

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: 6-6-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 6-1-49
REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. E. JARVIS, 1432 U St., N. W. Wash., D.C.

J.W.H.

RECEIVED
JUN 6 1949
BUREAU V. S.

5/14

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04898

Reg. Dist. No. 714

**1. PLACE OF DEATH:**
County Montgomery
City or town Silver Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2106 Luzerne St
(If rural, give LOCATION)
2.(a) If veteran, name war

**3. (a) FULL NAME** Elizabeth Lewis Hartley

**3. (b) Social Security Number** —

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: William P. Hartley
6.(c) If alive, give age: 76 years
7. Birth date of deceased (mo., day, yr.): Aug. 27, 1879
8. AGE: Years: 69 | Months: 8 | Days: 19 | If less than one day: ... hrs. ... min.
9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Frank Lewis
13. Birthplace: Washington D.C.
MOTHER 14. Maiden name: Ella Leech
15. Birthplace: Washington D.C.
16. Informant: Wm. P. Hartley
Address: 2106 Luzerne, Silver Spring, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 19, 1949 (month) (day) (year)
Cemetery or crematory: Oak Hill Cemetery
Location: Washington, D. C.
18. Funeral director: Warner E. Pumphrey
Address: 8434 Ga. Ave., Silver Spring, Md.
19. may 16 1949 (Date rec'd by registrar) Josephine M. Schaeffer Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: May 16 1949, at 7:40 a. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 11 1949 to May 16 1949 and that I last saw h... alive on May 15-49 1949

| Immediate cause of death | DURATION |
|---|---|
| Cancer of Lungs | 6 mos. |
| Cancer of Lymphnodes | ? |
| Due to | |
| Due to | |
| Other conditions | |
| 146 | |
| 554 | |

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE Edna F. Patterson M.D. M. D. or other
Address 9500 Georgia av. Silver Spring Md. Date signed 5/16/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 19 1949
BUREAU V. S.

04899

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural) LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. M.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River
STREET ADDRESS (If rural give location) US Naval Air Station

3. NAME OF DECEASED (Type or Print) (First) Kathleen (Middle) Ann (Last) HARVEY
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1949
5. SEX female
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 5-10-49
9. AGE last birthday yrs. If under 1 year Months Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Patuxent River, Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME HARVEY, RICHARD J. JOSEPH
14. MOTHER'S MAIDEN NAME FANTASIA, Clara
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT father: R. J. Harvey, ALC USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Kernicterus | 4 days |
| 770.0 Antecedent cause(s) | | |
| 161c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Erythroblastosis Fetalis | 4 days |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE J. T. Fowler Jr. (Degree or title) ADDRESS DATE SIGNED
J. T. FOWLER, Jr., Comdr. MC USN, US Naval Hospital, Bethesda, Md. 5-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation DATE 5-14-49 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Providence, R. I.
DATE REC'D BY LOCAL REG. 5-14-49 REGISTRAR'S SIGNATURE Mary C. Patterson Registrar
24. FUNERAL DIRECTOR W. W. CHAMBERS, 1400 Chapin St., N.W., Wash., D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

Evidence for change of age is on:

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

FILM No. G 120 MAY 17 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

049000

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 3 Mo. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS NAVAL HOSPITAL, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall
STREET ADDRESS (If rural give location) Marshall

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Fairfax (Last) Heyl

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-8-02

9. AGE last birthday: ~~47~~ 46 yrs. If under 1 year: Months 6 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): handyman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Heyl

14. MOTHER'S MAIDEN NAME: Harriet Monroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT: Sister: Mrs. Alice E. Lievesay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Glioblastoma multiforme — About 1 yr.

193 54a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 25, 1949

19b. MAJOR FINDINGS OF OPERATION: Glioblastoma multiforme.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 4:19 p.m., from the causes and on the date stated above.

SIGNATURE M. [illegible] LTJG USN (Degree or title) ADDRESS USNH Bethesda, Md. DATE SIGNED 5-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial DATE 5-9-49 NAME OF CEMETERY OR CREMATORY: Marshall LOCATION (City, town, or county) (State): Marshall Virginia

DATE REC'D BY LOCAL REG. 5-9-49

REGISTRAR'S SIGNATURE: Mary C. Patterson
Mary C. Patterson
Registrar

24. FUNERAL DIRECTOR: Herrell Funeral Home ADDRESS: Marshall, Va.

BF Herrell

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

M

04901

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 22 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 903 Flower Ave | STREET ADDRESS (If rural give location) 903 Flower Ave. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) FREDERICK | (Middle) THOMAS | (Last) HILL | 4. DATE OF DEATH (Month) May | (Day) 17 | (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH June 21, 1861 | 9. AGE last birthday 87 yrs. | If under 1 year Months / Days / If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Same | 11. BIRTHPLACE (State or foreign country) Blakely Georgia | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Richard Hill | | 14. MOTHER'S MAIDEN NAME Mary Fisher | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Mrs. A. H. Jennings | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Disease — 3 hours

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) Chronic Myocarditis

122a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION May 1 1949 | 19b. MAJOR FINDINGS OF OPERATION Rt Engmind Hernia | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 1, 1949, to May 16, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 7 4 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Arthur E Coyne | M.D. | Takoma Park | May 16 1949 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE May 19. 1949 | NAME OF CEMETERY OR CREMATORY George Washington Memorial Cemetery | LOCATION (City, town, or county) (State) Riggs Rd. Hyattsville Pr. Geo. Co. Md. |
| DATE REC'D BY LOCAL REG. 5/17/49 | REGISTRAR'S SIGNATURE J. Wm. Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. Wash. 12 DC | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
MAY 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04902

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 11 day 3 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 20 Jefferson Ave.

3. NAME OF DECEASED (Type or Print): (First) Willis (Middle) J. (Last) Hirst
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1949

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 14 1889
9. AGE last birthday: 59 yrs.
If under 1 year: Months 18 Days 25
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New Brunswick N. J.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Anson Hirst
14. MOTHER'S MAIDEN NAME: May Vinton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 48 HOURS

204.0 Antecedent cause(s) (b) LYMPHOSARCOMA - GENERALIZED WITH AXILLARY, CERVICAL, THORACIC, ABDOM. NODULES — 3+ MOS

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) LYMPHATIC LEUKEMIA — 4+ MOS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1949, to 5-16, 1949, that I last saw the deceased alive on 5-16, 1949 and that death occurred at 1:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ira W. Pearlman M.D. Suburban Hospital 5-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 5-18-49
NAME OF CEMETERY OR CREMATORY: George Washington Mem. Park
LOCATION (City, town, or county) (State): Rigge Rd. Prince Georges Md.

DATE REC'D BY LOCAL REG. 5-14-49
REGISTRAR'S SIGNATURE: N. E. Jobes
24. FUNERAL DIRECTOR: The S. H. Hines Co.
ADDRESS: 2901-14th St N.W. Washington D.C.

VS. A15

RECEIVED
MAY 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04903

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) R.R.

3. NAME OF DECEASED (Type or Print): (First) Mr Earl h. (Middle) (Last) Holland

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept. 23, 1902

9. AGE last birthday: 46 yrs. If under 1 year: Months 8, Days 1, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Comus, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: George O. Holland

14. MOTHER'S MAIDEN NAME: Annie M. Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mildred Holland

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leukemia (probably 6 mo-to 1 year) — Interval between onset and death: unknown

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

204.4 Tda

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Tentonsillar abscess, naso-pharyngitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May-7-, 1949, to May-24-, 1949, that I last saw the deceased alive on May-24-, 1949, and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Miller M.D. ADDRESS 7 Brooke Ave., Gaithersburg, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 5/27/49 — NAME OF CEMETERY OR CREMATORY Monocacy — LOCATION (City, town, or county) (State) Beallsville Md.

DATE REC'D BY LOCAL REG. 5/25/49 — REGISTRAR'S SIGNATURE N E Jobe

24. FUNERAL DIRECTOR Wm. B. Hilton ADDRESS Barnesville Md.

RECEIVED
MAY 31 1949
BUREAU N. B.

04904

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 mo. 17 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1523 22nd. St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) (Last) Hopkins

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 11-19-64
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alexandria, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Benjamin Wheatley
14. MOTHER'S MAIDEN NAME Martha Kidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Wash. San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary disease of heart — INTERVAL BETWEEN ONSET AND DEATH 6 mos

420.1
94 a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to May 4, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Arthur E Coyne (Degree or title) MD ADDRESS 313 Greenwood Av Takoma Park Md DATE SIGNED May 4 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-7-49
NAME OF CEMETERY OR CREMATORY River view
LOCATION (City, town, or county) Richmond (State) VA.

DATE REC'D BY LOCAL REG. 5/4/49
REGISTRAR'S SIGNATURE [signature] Deputy

24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901 14th St. NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural, give location) 715-7th St. S.E.

3. NAME OF DECEASED (Type or Print): (First) Valentine (Middle) (Last) Horst

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 13, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months 2 Days 7 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired from labor dept.

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service) 1907-1911

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. George Smith 105 Elmwood Rd. Kenwood. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate

177 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 518 (b) Arteriosclerotic Cardiovascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1949, to 5-20, 1949, that I last saw the deceased alive on 5-20, 1949, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E Boyland, M.D. ADDRESS Suburban Hospital - Bethesda, Md. DATE SIGNED 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 5-24-49; NAME OF CEMETERY OR CREMATORY Arlington Nat.; LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 5-20-49; REGISTRAR'S SIGNATURE N.E. Jobe.

24. FUNERAL DIRECTOR ADDRESS The S.H. Hines Co. 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1949
BUREAU V. S.

LAW OFFICES OF

**SEGAL, SMITH & HENNESSEY**

PAUL M. SEGAL
GEORGE S. SMITH
PHILIP J. HENNESSEY

DAVID E. TOLMAN
HARRY P. WARNER
HAROLD G. COWGILL
QUAYLE B. SMITH

816 CONNECTICUT AVENUE
WASHINGTON 6, D. C.

June 21, 1949

JUN 22 1949

Mr. A. W. Hedrick
Special Agent, Public Health Service
State Department of Health
2411 North Charles Street
Baltimore 18, Maryland

Dear Sir:

Enclosed find your form "VS: 26(44)" with regard to Valentine Horst who died at Bethesda, Montgomery County, Maryland, on May 20, 1949.

We have received a certified copy of the certificate of death of Mr. Horst and there is an error in the certificate. The error occurs in the responses made by Mrs. George Smith to Questions 8 and 9 of the certificate.

According to Mr. Horst's discharge from the United States Army and according to United States Civil Service records, the deceased was born on March 13, 1874 and this date should, therefore, appear in response to Question 8. The deceased having died on May 20, 1949, the correct response to Question 9 should be 75 years, 2 months, 7 days.

Very truly yours,

George S. Smith

Enclosure

04906

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1207 Holly St. N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Charles (Last) Huhn.
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1949
5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Jan 19 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward. Huhn
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Bertha H. Huhn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary. Occlusion | May 4 1949 |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chr. Deg. Myocarditis - previous Coronary Occ. | July 1947 |
| 93d | (c) Gen Arteriosclerosis & Hypertension | Feb 1940 |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1934, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 8 45 m., from the causes and on the date stated above.

SIGNATURE Howard T. Morse (Degree or title) MD ADDRESS 28 Carroll Ave Takoma Park Md. DATE SIGNED 7/8/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF May 10, 1949 NAME OF CEMETERY OR CREMATORY Adon Hill LOCATION (City, town, or county) Washington DC (State) Suitland Md.

DATE REC'D BY LOCAL REG. May 8, 1949 REGISTRAR'S SIGNATURE Josephine M. Schaeffer
24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 3004 4th St NE DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

Evidence for change of age is on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

014907

FORM No. G 120 MAY 16 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 1 day 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hosp Takoma Park. Md

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D. C.
STREET ADDRESS (If rural, give location): 2413 Lanlaw Rd. N.W.

**3. NAME OF DECEASED (Type or Print)**: (First) Paula (Middle) (Last) Isaacson

**4. DATE OF DEATH**: (Month) 5 (Day) 5 (Year) 1949

**5. SEX**: Female

**6. COLOR OR RACE**: White (Female)

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**: Married

**8. DATE OF BIRTH**: 5-15-1891

**9. AGE last birthday**: 57 ~~58~~ yrs. — If under 1 year: Months 11½ | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

**10b. KIND OF BUSINESS OR INDUSTRY**: Housewife

**11. BIRTHPLACE (State or foreign country)**: Lithuania

**12. CITIZEN OF WHAT COUNTRY?**: ?

**13. FATHER'S NAME**: Yale Block

**14. MOTHER'S MAIDEN NAME**: ?

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)**: No — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**: Sanitarium Records.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset and Death: 15 months

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
50 (b)
(c) Adeno Carcinoma of Left Breast — about 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: May 12-48

**19b. MAJOR FINDINGS OF OPERATION**: Adeno Carcinoma of Left Breast with Metastasis

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1948, to May 5, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 3:42 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin Isaacson, M.D. — ADDRESS: 7896 Georgia Ave. Silver Spring, Md — DATE SIGNED: 5/5/49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 6, 1949 | Kesher Israel Cemetery | Capitol Hgts, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5/5/49 | J. Wilson Dodd | B. Abramsky & Son | Washington D.C. |

RECEIVED
MAY 7 1949
BUREAU V. S.

04908

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural) LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural)
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) EUNICE (Middle) DIANNE (Last) JOHNSON
4. DATE OF DEATH (Month) May (Day) 25 (Year) 1949
5. SEX Female
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Jan 27-1949
9. AGE last birthday yrs. If under 1 year Months 3 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? N.S.A.
13. FATHER'S NAME James Edward Johnson
14. MOTHER'S MAIDEN NAME Pauline Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James Edward Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Myocarditis | 3 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardiac hypertrophy | ? |
| | (c) | |

434.3
95C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 28-1949
NAME OF CEMETERY OR CREMATORY Brooke Grove Md
LOCATION (City, town, or county) Montgomery Co Md (State)
DATE REC'D BY LOCAL REG. May 28/49
REGISTRAR'S SIGNATURE Alfreda G. Cooke
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 3 1949
BUREAU Y. S.

04909

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Bladensburg & Piney Br. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1212 Monroe N.E.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) S. (Last) Johnston
4. DATE OF DEATH (Month) May (Day) 17 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/10/69
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Det. Sergt.
10b. KIND OF BUSINESS OR INDUSTRY Met. police
11. BIRTHPLACE (State or foreign country) Webster Springs W. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Augustus Johnston
14. MOTHER'S MAIDEN NAME Mary Blewer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Alma Johnston

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/20/49
NAME OF CEMETERY OR CREMATORY Henwood Cem
LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. 5/17/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Huntemann Funeral Home ADDRESS 5732 Bunker Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04910

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION STREET ADDRESS U.S. NAVAL HOSPITAL, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 1441 "S" St., N.W. Wash., D.C.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Paul | Coy | JOLLY | 5 | 14 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Negro | Married | 7-19-97 | 51 yrs. | 9 | 25 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Driver | Driver | South Carolina | U.S. |

13. FATHER'S NAME: Clarence Jolly

14. MOTHER'S MAIDEN NAME: Atlanta Lockhart

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| Yes | WW I | | Mrs. Gertrude Jolly |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkins Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from May 2, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) Wm. F. QUEEN, Cdr. MC USN — ADDRESS USNH Bethesda, Md. — DATE SIGNED 5-15-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 5-17-49 | Arlington National | Arlington | Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-15-49 | Mary C. Patterson Mary C. Patterson Registrar | W.E. JARVIS | 1432 U. St. N.W. Wash., D.C. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU P. R.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

04911

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Bethesda, Md. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Auto. Accident

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Rockville,
STREET ADDRESS (If rural, give location) Red Gables

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Alexander | Julian | May | 29 | 19 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widower | Aug. 8, 1860 | 88 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Treasurer of U.S. | U.S. Gpvt. | Frankford, Kentucky | US. |

13. FATHER'S NAME: Alec Julian
14. MOTHER'S MAIDEN NAME: Elizabeth Laughlin

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| No | | None | Chas. A. Julian |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hemorrhage due to crushed chest | sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) rupture of pericardial sack and | death. |
| | (c) aorta | |

925.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway | (CITY OR TOWN) Bethesda-R.F.D. | (COUNTY) Monty | (STATE) md |
|---|---|---|---|---|

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not While at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| May 29 '49 8:45 A m. | | auto accident |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bouchart | M.D. | Gaithersburg Md | 5-29-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Cremation | June 1, 1949 | Cedar Hill | Washington, D.C. | |

| DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-1-49 | W.E. Jobes. | Robert A. Humphrey | Bethesda 14, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 6 1949
BUREAU V. S.

04912

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 211

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg md LENGTH OF STAY (in this place) all life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg md |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — | STREET ADDRESS — (If rural give location) |

3. NAME OF DECEASED (Type or Print) (First) IDA MAY (Middle) KEPHEART (Last)

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Dec 29, 1867 | 81 yrs. | 4 | 23 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Domestic | Home | Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Appleby | Susan Simon |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | no | Charles T Kepheart |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carddio-vascular renal disease | 5 yrs. |
| 442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | 15 yrs. |
| 131a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 5-16, 1949, to 5-24, 1949, that I last saw the deceased alive on 5-23, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J J Haldrich | M.D. | Damascus, Md. - Boyer Clinic | 5-24-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 26, 1949 | Damascus md | Montgomery Co md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| May 27, 1949. | Dells W. Burdette | Roy W Barber | Gaithersville md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04913

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 3mo.25 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8109 Fenton St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Wiley | Alexander | KILGORE | 5 | 25 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 3-23-79 | 70 yrs. | 2 | 2 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Railroad Brakeman | Railroad Brakeman | Penna. | U. S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Robert Kilgore | Agnus Mundrof |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| YES Sp.Am. | | Mrs. Emma D. Kilgore |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 1 day |
| 420.1 Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | ? |
| | (c) Hypertension | ? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Nov. 30, 1948, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 9:50 P m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| P. L. BATES, Lt. (JG) MC USN | US Naval Hospital, Bethesda, Md. | 5-26-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | May 27 1949 | Rolling Green Cemetery | Harrisburg, Penna. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-26-49 | Mary C. Patterson | W.E. Pumphrey | 8434 Georgia Ave. Silver Sp. Md. |

Howard G. Gill

VS. A15

RECEIVED
MAY 29 1949
BUREAU U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04914 3/14
Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Montgomery
City or town: Silver Spring Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 72 days
Hospital, institution, or street address where death occurred: 502 Baesler Rd Silver Spring Md
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No. 804 Reeder Road
(If rural, give LOCATION)
2.(a) If veteran, name war

**3. (a) FULL NAME:** Henery Theadore King

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widower |

6.(b) Name of husband or wife: Gertrude Ann King
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 28 1869

8. AGE: Years 79 | Months 11 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Westmoreland Virginia
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Same as above

FATHER
12. Name: John O. King
13. Birthplace: Virginia

MOTHER
14. Maiden name: Emma Jane Jones
15. Birthplace: Virginia

16. Informant: Mrs E W Marvel
Address: 502 Baesler Road Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23, 1949 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Suitland, Pr. Geo. Co., Md.

18. Funeral director: Warner E. Pumphrey, Inc.
Address: 8434 Ga. Ave., Silver Spring, Md.

19. MAY 20 1949 (Date rec'd by registrar) Josephine M Schaeffer Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 1949, at 3:47 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1949, to May 20 1949, and that I last saw him alive on May 19 1949

| Immediate cause of death | DURATION |
|---|---|
| Hypostatic Pneumonia | 6 days |
| Due to: Cardiac Decompensation | 6 days |
| Due to: Left Sided Hemiplegia | 7 days |
| Due to: Cerebral Thrombosis | 7 days |
| Other conditions: 332 Senility 95c | |

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Philip E. Jones M.D.
M. D. or other
Address: Silver Spring Md Date signed: 5/20/49

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04915 Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 34 W Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) Gracie (Middle) J. (Last) Knight
4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 4, 1864
9. AGE last birthday: 84 yrs. | If under 1 year: Months 9 Days 26 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bridgeton N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Franklin L. Knight
14. MOTHER'S MAIDEN NAME: Lavinia Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Merrill D. Knight, Jr. (Nephew)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163 Immediate cause (a) Carcinoma of Lung - Right — 2-3 month
47d Antecedent cause(s) = Metastasis to Brain —
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Hemiplegia — yrs.

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No
(CITY OR TOWN) (COUNTY) (STATE): No
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to May 30, 1949, that I last saw the deceased alive on 5/29/, 1949, and that death occurred at 2:00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Allen MD — ADDRESS Kensington — DATE SIGNED Md 5/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 1, 1949 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 5-30-49 — REGISTRAR'S SIGNATURE W. Z. Jones.

24. FUNERAL DIRECTOR — ADDRESS: Warner & Sampson Inc, Silver Spring, Md.

RECEIVED
JUN 2 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

04916

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 422 Edge Hill Drive

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mary | Catherine | KOESTLINE | May | 25 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | W-US | single | 2-19-47 | 2 yrs. | 3 | 8 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? Us

13. FATHER'S NAME: KOESTLINE, William C.
14. MOTHER'S MAIDEN NAME: MORRISON, Margaret Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: father: M/Sgt. William C. Koestline

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Fracture of Skull with massive subarachnoid hemorrhage.

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

8245
170

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway
(CITY OR TOWN): near Alexandria
(COUNTY):
(STATE): Va

TIME OF INJURY (Month) (Day) (Year) (Hour): May 25 49 11: Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from moving automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broschart M.D.
ADDRESS: Frank J. Broschart, Deputy Medical Examiner, Gaithersburg, Md.
DATE SIGNED: 5-26-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 5-27-49 | Arlington National | Arlington, Va. | |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-26-59 | Mary C. Patterson | W. W. CHAMBERS, | 7500 M St., N.W., Wash., D.C. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04917

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 246 35th. Street, NE.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (H) (Last) Kuhn
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | 8-8-76 | 72 yrs. | 9 | 11 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Army retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calif.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Kuhn
14. MOTHER'S MAIDEN NAME: Sarah Sowboda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT: wife:, Mrs. Eleanor Kuhn, address unknown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Gastro-intestinal Hemorrhage | 8 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of Liver | |
| | (c) | |

581.0
124b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from May 2, 1949 to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Russell S. Boles, Jr. | LTJG USN | U.S. Naval Hospital | 5-21-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 5-25-49 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-21-49 | Mary C. Patterson | W.W. Chambers, 517 11th. St. SE., WAsh., D.C. | |

(J. D. Poore.)

RECEIVED
MAY 24 1949
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

514

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04918

# CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH
COUNTY Montgomery, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 525 - Ashford Road,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland, COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Same)
STREET ADDRESS (If rural give location) (Same)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Oscar | S. | Long, | May | 15, | 1949. |

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | | Feb. 6, 1906 | 43 yrs. | 3 | 9 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Newport, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Frank Long
14. MOTHER'S MAIDEN NAME: Emma Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: 577-10-1022
17. INFORMANT: Ann Elizabeth Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage, | 1 Hour |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterial Hypertension, | 15 yrs. (?) |
| | (c) | |

331
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Aug., 1947, to May., 1949, that I last saw the deceased alive on May 15, 1949 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James W. Long, M.D. 1835 Eye St. N.W. D.C. 5-15-49

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 18, 1949 | Fort Lincoln Cemetery | Bladensburg Rd., Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| May 16, 1949 | Josephine M. Schaeffer | Warner E. Pumphrey | Silver Spring, Md |

RECEIVED
MAY 19 1949
BUREAU V. S.

04919

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown (rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Samuel (Last) Lowe

4. DATE OF DEATH (Month) May (Day) 15 (Year) 1949

5. SEX male | 6. COLOR OR RACE white | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH June 4 1923 | 9. AGE last birthday 25 yrs. | If under 1 year Months 11 Days 11 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | 10b. KIND OF BUSINESS OR INDUSTRY a | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard Lowe | 14. MOTHER'S MAIDEN NAME Nellie Earp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Nellie E Lowe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage due to stab wound

982 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) in Rt. auricle of heart.

167 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm | (CITY OR TOWN) Germantown R.F.D. (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) May (Day) 15 (Year) '49 (Hour) 2 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? stab wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. | ADDRESS Gaithersburg Md | DATE SIGNED 5-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/18/49 | NAME OF CEMETERY OR CREMATORY Forest Oak | LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. May 17-49 | REGISTRAR'S SIGNATURE Alneda G. Cooke | 24. FUNERAL DIRECTOR E. C. Gaithers | ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1949
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04920 223

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11- Phila. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood - Chevy Chase
STREET ADDRESS (If rural give location) 100- Elmwood Road.

3. NAME OF DECEASED (Type or Print) (First) Maude M. (Middle) (Last) Lynn.

4. DATE OF DEATH (Month) May (Day) 1st (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct 31-1859

9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY House wife

11. BIRTHPLACE (State or foreign country) Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip Y Smith

14. MOTHER'S MAIDEN NAME Mary Pollack.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. R. Harvey Stacy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1949, to May 1, 1949, that I last saw the deceased alive on April 30, 1949, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE C. S. Little (Degree or title) M.D. ADDRESS 6911 5th St. NW Washington D.C. DATE SIGNED May 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 3, 1949

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) Prince Geo. Co. (State) Md.

DATE REC'D BY LOCAL REG. 5/1/49

REGISTRAR'S SIGNATURE J. Wilson Dock

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 754 Carroll St. Takoma Park

RECEIVED
MAY 3 1949
BUREAU V. S.

17710 A

04921

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): 1218 Rockville Pike

3. NAME OF DECEASED (Type or Print): (First) Infant Micheal (Middle) John (Last) McCoy

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child.

8. DATE OF BIRTH: 5-10-49

9. AGE last birthday: yrs. If under 1 year: Months; Days: 6; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Darrel G. McCoy

14. MOTHER'S MAIDEN NAME: Eunice Brekke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (6½ months)

776 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

159 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1949, to 5/16, 1949, that I last saw the deceased alive on 5/16, 1949, and that death occurred at 8:50 P. m., from the causes and on the date stated above.

SIGNATURE: Bruce L. Benjamin M.D. (Degree or title) ADDRESS: Bethesda, Maryland DATE SIGNED: 5/17/49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: May 18, 1949 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 5-18-49 — REGISTRAR'S SIGNATURE: J. E. Jones

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda 14, Md.

VS. A15

RECEIVED
MAY 23 1949
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04922

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery County - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 32 hrs 3/4.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Maryland
STREET ADDRESS (If rural, give location) White oak.

3. NAME OF DECEASED (Type or Print) (First) Marian (Middle) Agnes (Last) Miller

4. DATE OF DEATH (Month) 5 (Day) 20 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 3-17-1880

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) White oak Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Pinkney Marlow

14. MOTHER'S MAIDEN NAME Emma Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis. (Recurrence) | Sudden |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis = Chr Myocarditis | 15 years |
| 93d | (c) Chronic Bronchitis = Pleural fibrosis | 40 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrent pyelonephritis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1938, to May 20, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 6 18 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Haughein M.D. ADDRESS 8252 Georgia Ave Silver Spring Md. DATE SIGNED 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/22/49

NAME OF CEMETERY OR CREMATORY Colesville

LOCATION (City, town, or county) (State) Colesville, Md.

DATE REC'D BY LOCAL REG. 5/21/49

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc ADDRESS Silver Spring, Md.

RECEIVED
MAY 24 1949
BUREAU V. S.

04923

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville, Md.
STREET ADDRESS (If rural give location) RFD 5 (Spring Lake Park)

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) A. (Last) Miller
4. DATE OF DEATH (Month) May (Day) 25 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 7, 1915
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Arthur C. Page
14. MOTHER'S MAIDEN NAME Rachel Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT Edward A. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Terminal Hemorrhagic Bronchopneumonia | 12 hrs |
| 0833 Antecedent cause(s) | (b) Acute Purulent Cystitis | 2 weeks |
| 107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Chronic Post-Encephalitis | 11 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1936, to 25 May, 1949, that I last saw the deceased alive on 24 May, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE W. S. Murphy Md (Degree or title) ADDRESS Rockville Md DATE SIGNED 26 May 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 27, 1949
NAME OF CEMETERY OR CREMATORY Rockville Union Cem.
LOCATION (City, town, or county) Rockville, Maryland (State)

DATE REC'D BY LOCAL REG. May 27, 1949
REGISTRAR'S SIGNATURE J. E. Jobes
24. FUNERAL DIRECTOR Robert A. Murphy ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04924

Reg. Diat. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

**1. PLACE OF DEATH.**
County Montgomery
City or town
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Suburban Hosp
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State D C County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3361 - Stephenson Pl
(If rural, give LOCATION)
2.(a) If veteran, name war.

**3.(a) FULL NAME** Herbert Judson Murray

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | married |

6.(b) Name of husband or wife Lillian May
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 - 1874

8. AGE: Years 74 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Raleigh NC (town, county, and state)

10. Usual occupation

11. Industry or business Wash-nngton Evening Star

FATHER 12. Name Wm Murray
13. Birthplace

MOTHER 14. Maiden name Della Brockwell
15. Birthplace NC

16. Informant Lillian May Murray
Address 3361 - Stephenson Pl NW

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7 May 14-1949 (month) (day) (year)
Cemetery or crematory Ft Lincoln
Location Prince George Co Md
16. Funeral director The S. H. Hines Co
Address 2901 - 14th St NW

19. May 6 1949 (Date rec'd by registrar) W E Forbes Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1949 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1949 to May 11, 1949 and that I last saw h im alive on May 11, 1949

Immediate cause of death Cerebral Thrombosis — DURATION 2½ das.

Due to

Due to

Other conditions Lower extremity varicosities
332
838
(Include pregnancy within 3 months of death)

Major findings of operation Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address 3805 McKinley St. N.W. Date signed 5/11/49

RECEIVED
MAY 14 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04925

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Rt 1 Colesville

| 3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
|---|---|---|---|---|---|
| | | Nealon | May | 23 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | — | May 23, 1949 | yrs. | | 9 / 50 |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Infant | — | Olney, Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Fred Nealon | Ollie Mae Buttry |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| | | Hospital record. |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Cardiorespiratory failure — 3 hrs

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Congenital Atelectasis — 9 hrs
(c) Pseudocyesis — 9 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from May 23, 1949, to May 23, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE C. Rogers (Degree or title) ADDRESS Sandy Spring Md DATE SIGNED 23 May 49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 24 1949 | Baptist Lisbon Md | Howard Co Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-23-49 | Gertrude B Lawler | Roy W. Barber | Poolesville Md |

RECEIVED
JUN 17 1949
BUREAU V. S.

Evidence for change of birth date is on:

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

04926

FILM No. G 126 MAY 1 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Silver Spring Ave. | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.; STREET ADDRESS (If rural, give location) 610 Silver Spring Ave. |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Kate | | Newton. | May | 3 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | widowed | Sept. 13 1869 | 80 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | King George County Va. | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Cox. | Virginia Turner |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|---|
| No | | None. | Blanche Hamm |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis | 6 days |
| 332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 838 | (b) Cerebral Arteriosclerosis | 10 years. |
| | (c) Generalized arteriosclerosis | 10-15 years. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| None | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from December, 1947, to May 3, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Aaron H. Traum | M.D. | 8237 Georgia Ave Silver Spring Md. | May 3, 1949 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5-5-49 | Congressional | Washington D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| May 3, 1949 | Josephine M. Schaeffe | W.W. Chambers Co. | 517-11-3E Wash., D.C. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 9 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04927

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Sycamore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 26 Sycamore Avenue

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) WARNER (Last) OKEY

4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 1949.

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 11. 1860 | 9. AGE last birthday 88 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or foreign country) Lowistown, Penna | 12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME A. J. Warner | 14. MOTHER'S MAIDEN NAME Susan E. Butts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Maud Okey Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Cardiac Failure | 2 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, Generalized - Senile Type | 8-10 yrs. |
| 450.0 95C | (c) Cerebral Embolism, recurrent | 2 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1947, to 28 May, 1949, that I last saw the deceased alive on 27 May, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| G B Zuller M.D. | 1/2 Willow Ave Takoma Park, Md. | 5-28-49. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | May 31, 1949 | Oak Grove Cemetery | Marietta | Ohio |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5/29/49 | J. William Walter | J. Arthur Walters, | 254 Carroll St NW Wash. D.C. |

VS. A15

RECEIVED
JUN 1 1949
BUREAU V. S.

Evidence for addition to 19b shown on:

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

04928

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

FHM No. G 121 JUL -8 1949

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (In this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Page
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luray
STREET ADDRESS (If rural, give location) Rt. #2

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Evelyn | Louise | Painter | May | 15 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Canc. | Married | 7-10-22 | 26 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Page Co. Virginia | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Dave Henderson | Minnie Andrews |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| NO | | Hospital Record - husband. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 30 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Acute Nephritis subsequent to surgery | 13 days |
| | (c) Inadequacy of kidney function arising from Toxemia of Pregnancy [6/3/49 dec'd] | 11 years |

217 56a was 642.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 5-2-49 | Ovarian Cyst | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 5/12, 1949, to 5/15, 1949, that I last saw the deceased alive on 5/15, 1949, and that death occurred at 445 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert A. Hare | M.D. | Takoma Park | 5/15/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5/18/49 | Calvert Cem. | Stanley Va |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5/15/49 | J. Wm. Dodd | A. E. Bradley | Luray Va |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04929

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden — LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Botts (Last) Pratt

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 19, 1874

9. AGE last birthday: 74 yrs. | If under 1 year: Months 11 | Days 2 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jeffery Pratt Botts

14. MOTHER'S MAIDEN NAME: Margaret Sedgwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Arthur Botts (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hemiplegia | 20 days |
| 334 Antecedent cause(s) | (b) Arteriosclerosis & Hypertension | uncertain |
| 83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Epilepsy | uncertain |

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1946 to May 17, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE Nebraska Jewell (Degree or title) M.D. ADDRESS Silver Spring, Md. DATE SIGNED May 5, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 5/20/49 — NAME OF CEMETERY OR CREMATORY Norbeck — LOCATION (City, town, or county) (State) Norbeck, Md.

DATE REC'D BY LOCAL REG. May 20, 1949 — REGISTRAR'S SIGNATURE Josephine M. Schaeffer

24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

VS. A15

RECEIVED
MAY 26 1949
BUREAU V. S.

04930

Evidence for change of age is on:

FILM No. G 120 JUN -6 1949

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Brookeville
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Brookeville
STREET ADDRESS (If rural give location) near - Mt. Zion

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henry (Last) PUTMAN

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 12-22-1867

9. AGE last birthday: 81 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. W.F. Ballenger - daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 5 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Senility

331 330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy - Uremia

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1949, to May 18, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 9:35 A.m., from the causes and on the date stated above.

SIGNATURE: Richard A. Yates (Degree or title) M.D. ADDRESS: R.F.D. #1, Silver Spring, Md. DATE SIGNED: 5/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 20 1949 — NAME OF CEMETERY OR CREMATORY: Lakeview — LOCATION (City, town, or county) (State): Hamilton Va Loudoun Co Va

DATE RECD BY LOCAL REG.: 5/20/49 — REGISTRAR'S SIGNATURE: W D Bell

24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Taylorsville Md

VS. A15

RECEIVED
MAY 23 1949
BUREAU F. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04931

Reg. Dist. No. 216

**1. PLACE OF DEATH:**
County: Montgomery
City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Montgomery
City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6806 Exfair Rd
(If rural, give LOCATION)
2.(a) If veteran, name war: —

**3. (a) FULL NAME:** Edna Sunderland Rauchenstein

**3. (b) Social Security Number:** —

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6.(b) Name of husband or wife: E. Fred Rauchenstein
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 17, 1874

**8. AGE:** Years: 75 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Easton Pa
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Samuel Van Sunderland
13. Birthplace: Pa

MOTHER
14. Maiden name: Anna Sunderland
15. Birthplace: Pa

16. Informant: E. Fred Rauchenstein
Address: 6806 Exfair Rd

17. Burial, cremation, or removal. Which?: Burial Date thereof: May 31, 1949 (month) (day) (year)
Cemetery or crematory: Union Cemetery
Location: Easton Pa

18. Funeral director: Deal Funeral Home
Address: 4812 Ga Ave N W

19. 5-26-49 (Date rec'd by registrar) 19 ____ W. E. Jobes Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1949 at 8:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1949 to May 28 1949 and that I last saw her alive on May 27 1949

| Immediate cause of death | DURATION |
|---|---|
| cerebral thrombosis | 36 hrs |
| Due to: Chronic cardio-vascular renal disease | 5 years |
| Due to: | |
| Other conditions: 442 131a | |

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Daniel B. Washington M D
M. D. or other
Address: 6234 Ga Ave N.W. Washington D.C. Date signed: 5/28/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1949
BUREAU V. S.

04932

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacksonville
STREET ADDRESS (If rural, give location) 3307 Myra Street

3. NAME OF DECEASED (Type or Print): (First) Ronald Larry (Middle) Lawrence (Last) REED
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1949
5. SEX: male
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 5-20-45
9. AGE last birthday: 4 yrs. — If under 1 year: Months 0, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Calif.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: REED, Marion W. — Calif.
14. MOTHER'S MAIDEN NAME: HALL, Jeane — Calif.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: father: Marion W. Reed, All USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Status Lymphaticus & Acute Myocardial Failure | None |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic laryngitis & Catarrhal tracheo-bronchitis | 2 yrs - |
| | (c) Generalized lymphadenopathy | 3 wks |

516
106c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1949, to May 25, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. T. Fowler Jr.
J. T. FOWLER, Jr. Comdr. MC USN, US Naval Hospital, Bethesda, Md. 5-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 5-26-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 5-25-49
REGISTRAR'S SIGNATURE: Mary C. Patterson
24. FUNERAL DIRECTOR: W. W. CHAMBERS, 1400 Chapin St., N. W. — ADDRESS: Wash., D.C.
By. J. D. Poore

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04933

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place) 21 mths.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 903 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. Md; STREET ADDRESS (If rural give location) 903 Carroll Avenue

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (NONE) (Last) REICHERT

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 18. 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Zuade

14. MOTHER'S MAIDEN NAME: Henrietta Henneg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Matilda E. Boger.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration — Interval between onset and death: 1 Year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral Regurgitation

(c) Senile Dementia — 12 yrs.

410
926

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15., 1949., to May 26 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edna P. Patterson M.D. ADDRESS DATE SIGNED May 26, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE May 30, 1949; NAME OF CEMETERY OR CREMATORY Wanderer's Rest Cemetery; LOCATION (City, town, or county) Milwaukee, (State) Wisconsin

DATE REC'D BY LOCAL REG. 5/26/49; REGISTRAR'S SIGNATURE J. Wilbur Dodd

24. FUNERAL DIRECTOR ADDRESS J. Arthur Walters, 254 Carroll St. NW. Wash 12 DC

RECEIVED
JUN 1 1949
BUREAU OF

04934

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1210 E ST S.E.

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) (Last) Reinhart.
4. DATE OF DEATH (Month) May (Day) 18, (Year) 1949.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH SEPT. 23, 1869
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRICE
10b. KIND OF BUSINESS OR INDUSTRY /
11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ADAM REINHART
14. MOTHER'S MAIDEN NAME MARY MARTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT JOLLIFFE NURSING HOME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 6 days |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis & hypertension | |
| | (c) | |

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 1949, to 5-18, 1949, that I last saw the deceased alive on 5-12, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John S. Rogers, M.D. 960 Sutton Pl. Sil Spg. Md 4-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 20, 1949
NAME OF CEMETERY OR CREMATORY St Mary's Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. May 18, 1949
REGISTRAR'S SIGNATURE Josephine M Schaeffer
24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS 517-11-S.E. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04935

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6920 Willow St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Gertrude (Last) Rhan.
4. DATE OF DEATH (Month) May (Day) 15 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12-29-1879
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lebanon, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Israel Rauch
14. MOTHER'S MAIDEN NAME Minnie (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hosp Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno carcinoma of rt Breast c Gen metatasis — INTERVAL BETWEEN ONSET AND DEATH July 1946

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular disease with Hypertension — 7/2/37.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1937, to 5/13/, 1949, that I last saw the deceased alive on 5/14/, 1949, and that death occurred at 4 48 A.m., from the causes and on the date stated above.

SIGNATURE Howard Moore M.D. (Degree or title) ADDRESS 28 Carroll Ave, Takoma Park Md DATE SIGNED 5/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/17/49
NAME OF CEMETERY OR CREMATORY Geo. Mech. Mem.
LOCATION (City, town, or county) (State) Gaithersville R.F.D.

DATE REC'D BY LOCAL REG. 5/15/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. Archer Walters ADDRESS 254 Carroll St. Tak Pk-DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1949
BUREAU T. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04936

FILM No. G 120 JUN -1 1949 + Film #G.120-6/7149

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: South Arlington
STREET ADDRESS (If rural, give location): 3462 22nd.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | (n) | Rhoan | May | 19 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Negro | married | 5-28-~~97~~ | 51 ~~##~~ yrs. | 10 | 21 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Government Guard | | Tenn. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Thomas Rhoan | Rhia Gains |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| yes WW I | | Mrs. Lula Rhoan |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| **Immediate cause** | (a) Myocardial Failure | 5 days |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Calcific aortic Stenosis | 2 yrs |
| | (c) | |

421.1
92a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☑ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from May 14, 1949, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J.T. JONES, LTJG USN | | U.S. NAVAL HOPITAL | 5-20-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 5-24-49 | Lomax ME Cemetary | Arlington | Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-20-49 | Mary C. Patterson | J.E. Chinn | 2605 Seminary Rd. Arlington, Va. |

RECEIVED
MAY 21 1949
BUREAU T. S.

04937

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Rockville, Md — LENGTH OF STAY (in this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Rockville, Md. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD, Rockville, Md. | STREET ADDRESS (If rural give location) RFD, Rockville, Md. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) William | (Middle) Augustus | (Last) Ricketts | 4. DATE OF DEATH | (Month) May | (Day) 19 | (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Dec. 10, 1856 | 9. AGE last birthday 92 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Maryland | | | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13. FATHER'S NAME Unknown | | | 14. MOTHER'S MAIDEN NAME Unknown | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Clayton Ricketts | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Myocardial failure — | 1 month |
| 4500 Antecedent cause(s) | | |
| 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis — | 10 years |
| | (c) Senility | — |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Venous thrombosis, right leg. | 3 days. |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) — |
| TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ — | HOW DID INJURY OCCUR? — | | |

22. I hereby certify that I attended the deceased from 1930, to May 19, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wm A. Linthicum | M.D. | Rockville, Md. | May 19, 1949. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 22, 1949 | Potomac Methodist Ch. | Potomac, Montgomery, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-20-49 | E P Thompson | Forrest A. Humphrey | Rockville, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

04938

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 347 Willard Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 347 Willard Ave.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Fred (Last) Roper

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/25/08
9. AGE last birthday 41 yrs. If under 1 year Months 3 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Cond. Corp.
10b. KIND OF BUSINESS OR INDUSTRY Air Cond. Corp
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel C. Roper (dec)
14. MOTHER'S MAIDEN NAME Lon McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. Not Known
17. INFORMANT John W. Roper (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bullet wound thru skull

(c)

976
164c

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. left suicide note

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Chevy Chase (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) May (Day) 25 (Year) 49 (Hour) 1:45 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? self inflected revolver shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, occident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. B. Boschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-25-49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE THEREOF 5/27/49
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 5-26-49
REGISTRAR'S SIGNATURE N E Jobes
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04939

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9217 Old Chester Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) [redacted] (Last) Rowland

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 7 1888

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: THOMAS ROWLAND

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Walter Rowland Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — Interval between onset and death: 8 years

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1948, to May 16, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: Hyman J. Zimmerman (Degree or title) M. D. ADDRESS: 1835 E Y E S T. N.W. Washington D.C. DATE SIGNED: May 16, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: May 17, 1949
NAME OF CEMETERY OR CREMATORY: FLUSHING CEMETERY
LOCATION (City, town, or county) (State): FLUSHING, LONG ISLAND N.Y.

DATE REC'D BY LOCAL REG. 5-16-49
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: W. W. CHAMBERS CO. ADDRESS: 1400 Chapin St., N.W. WASHINGTON, D.C.

RECEIVED
MAY 19 1949
BUREAU V. S.

Evidence for change in birth date & age shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 JUL -6 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 04940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 5 Months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Edgewood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore —
STREET ADDRESS (If rural, give location) 4916 Keswick Rd. ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Hugh. | Keyes. | Sands. | May | 16 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male. | White. | Widowed. | 13 June 1878 | 71 70 yrs. | 11 | 16 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Bank Clerk. | Banking | Baltimore County — | |

13. FATHER'S NAME: William B. Sands.
14. MOTHER'S MAIDEN NAME: Florence Jessup.

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| NO. | | 216-03-8030 | Daughter — |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac Decompensation. | 5 days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of Prostate. | 1943 |
| | (c) Arteriosclerosis generalized. | 10 yrs.? |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis — — — 1948.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 1945. | Carcinoma of Prostate - inoperable — | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 30 Nov., 1948, to 16 May, 1949, that I last saw the deceased alive on 15 May, 1949, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John D. Ball. | M.D. | 7936 Georgetown Rd Beth. Md. | 16 May 49. |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5/18/49 | Green Mount | Balto. Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5/17/49 | A. W. Hedrick Dr | Stewart Mortuary Co | Balto. |

VS. A15

04941

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 218 Prospect St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Phillip (Last) Seebold
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 25, 1891
9. AGE last birthday 57 yrs. If under 1 year Months 5 Days 16 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patent Att.
10b. KIND OF BUSINESS OR INDUSTRY Patent Att.
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William A. Seebold
14. MOTHER'S MAIDEN NAME Lillie Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. None
17. INFORMANT Helen K. Seebold (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, splenic flexure, colon; resection peritonitis generalized. (b) Pulmonary edema

Antecedent cause(s) (b) Carcinoma splenic flexure colon

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic bronchitis, pulmonary fibrosis

INTERVAL BETWEEN ONSET AND DEATH at least 6 months

53
46e

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 30, 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma splenic flexure, colon
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1949, to April 10, 1949, that I last saw the deceased alive on April 10, 1949, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE Robert N. Coale (Degree or title) M.D. ADDRESS DATE SIGNED April 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 13, 1949
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince George Co. (State) Md.
DATE REC'D BY LOCAL REG. 5-12-49
REGISTRAR'S SIGNATURE W E Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 16 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04942

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington, D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 4420 Windom Pl., N. W.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Wolcot | SHEA | May | 6 | 19 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | W-US | separated | 4-4-04 | 45 yrs. | 1 | 2 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Navy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash.,D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SHEA, James dec.
14. MOTHER'S MAIDEN NAME: SOMMERVILLE, Mary Wash.,D.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WWI & WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother: Mrs. Mary A. Shea, above address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 1 day |
| 331 Antecedent cause(s) | | |
| 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) arterial Hypertension | 4 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1949, to May 6, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred at 9:02 A m., from the causes and on the date stated above.

SIGNATURE: L. J. POPE, Cdr. MC USN (Degree or title) ADDRESS: US. Naval Hospital, Bethesda, Md. DATE SIGNED:

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5-11-49 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| May 7, 1949 | Mary C. Patterson | W.W. Chambers | 31 & M St. NW, Wash., D.C. |

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04943

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 909 Kent Place, S.E.

3. NAME OF DECEASED (Type or Print): (First) Roscoe (Middle) (Last) SIMMS

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Col. US

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 2-28-98

9. AGE last birthday: 51 yrs. If under 1 year: Months 2 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash.,D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SIMMS, John

14. MOTHER'S MAIDEN NAME: SMOTHER, Eliza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT: wife: Mrs. Thelma Simms

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pneumonia, Broncho | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma, adeno, rectum | 6 Mo. |
| | (c) | |

154
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1949, to May 26, 1949, that I last saw the deceased alive on May 26, 1949 and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) ADDRESS DATE SIGNED

Wm. F. QUEEN, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 5-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-1-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 5-28-49

REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. Ernest Jarvis, 1432 U St., N. W., Wash.,D.C.

J. W. H.

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 04944 214

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Sprind, Md — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2111 Cascade Rd, Silver Spring |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 2111 Cascade Rd. | STREET ADDRESS (If rural give location) 2111 Cascade Rd. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Cecelia | (Middle) Cross | (Last) Slone | 4. DATE OF DEATH | (Month) May | (Day) 9 | (Year) 1949 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Nov. 8, 1904 | 9. AGE last birthday 44 yrs. | If under 1 year Months 7 | Days 1 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Amsterdam, New York | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13. FATHER'S NAME James Cross | 14. MOTHER'S MAIDEN NAME Anastasia Langdon | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Horace E. Slone - Husband | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163 Immediate cause (a) Cancer of Lung c̄ tracheal obstruction — Approx 2 yrs.

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Pt. under care of Dr. Irene Barrett. I knew of case from April 18, 1949 to present. 19....., to ....., 19....., that I last saw the deceased alive on Dr. Barrett saw case May 8, 1949. 19....., and that death occurred at 345P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George Sharpe | M. D. | 6900 Wisconsin Ave Chevy Chase, Md. | May 9, 1949 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 12, 1949 | NAME OF CEMETERY OR CREMATORY St. Mary's Catholic | LOCATION (City, town, or county) (State) Ft. Jackson, New York |
| DATE REC'D BY LOCAL REG. May 10, 1949 | REGISTRAR'S SIGNATURE Josephine M. Schaeffer | 24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. | ADDRESS 8434 Ga. Ave. Silver Spring, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04945

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY Seneca, Md. Montgomery Co. MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. — COUNTY Montg. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca — LENGTH OF STAY (in this place) 1½ years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Rest home | STREET ADDRESS (If rural, give location) Lincoln Park |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Asbury | (Middle) | (Last) Smith | 4. DATE OF DEATH | (Month) May - (Day) 24 - (Year) 1949 |
| 5. SEX male | 6. COLOR OR RACE colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Nov-6-1879 | 9. AGE last birthday 69 ~~76~~ yrs. | If under 24 hrs. Months 6 / I year Days 28 / If under 24 hrs. Hours ✓ / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | 10b. KIND OF BUSINESS OR INDUSTRY ordinary labor | | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Jacob Smith | | | 14. MOTHER'S MAIDEN NAME unknown | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. unknown | 17. INFORMANT Anna Hall - niece | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 3 mo - 21 days |
| 331 Antecedent cause(s) | (b) Arterio-sclerosis | (?) |
| 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. dementia (senile)

| | | |
|---|---|---|
| 19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ | (CITY OR TOWN) ✓ (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓ | HOW DID INJURY OCCUR? ✓ |

22. I hereby certify that I attended the deceased from March-3-, 1949, to May-24-, 1949, that I last saw the deceased alive on May-23-, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Miller, ADDRESS 7 Brooks Ave., Gaithersburg, DATE SIGNED Md.

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5-27-49 | NAME OF CEMETERY OR CREMATORY Lincoln Park, | LOCATION (City, town, or county) Rockville, (State) Md. |
| DATE REC'D BY LOCAL REG. 5/27/49 | REGISTRAR'S SIGNATURE Mrs. E.P. Thompson | 24. FUNERAL DIRECTOR Robert L. Snowden, | ADDRESS Rockville Md |

Per. Luther A. Burchett

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04946

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 mon. 7 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NAVAL HOSPITAL, Bethesda, Md.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
STREET ADDRESS (If rural give location): 4701 Connecticut Ave., NW.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Robert | Scott | Smith | May | 12 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | widowed | 8-22-79 | 69 yrs. | 8 | 20 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Clerk retired | | Ohio | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Robert Smith | Bernice Bradly |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| yes | SAW | | Eleanor B. Miller, daughter |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arter

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from April 8, 1949, to May 12, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jack T. Jones, Jr., LTJG MC USN USNH Bethesda, Md. 5-12-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 5-16-49 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 5-12-49 | Mary C. Patterson Registrar | W.W. Chambers, Washington, D.C. |

F.C.

RECEIVED
MAY 17 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04947

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 99 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
STREET ADDRESS (If rural, give location): 7101 Massachussetts Ave., NW.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Howard | Lincoln | SPRAGUE | May | 27 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | single | 7-27-90 | 58 yrs. | 10 | 0 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Salesman | Automobile | Nebraska | U.S. |

13. FATHER'S NAME: Norman Sprague
14. MOTHER'S MAIDEN NAME: Sadie Samms

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| yes | WW I | | Mrs. Hazel Colburn (S) |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypernephroma Rt. Kidney C metastasis to diaphragm, pleura & liver. — several months

180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

52a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia. — Few days.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Feb. 16, 1949, to May 26, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 1835 p.m., from the causes and on the date stated above.

SIGNATURE C. F. Park (Degree or title) — ADDRESS — DATE SIGNED

C.F. PARK, CDR MCR USNR — U.S. Naval Hospital, Bethesda Md. — 5-27-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 5-30-49 | Arlington National | Arlington | Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-27-49 | Mary E. Patterson | W.W. Chambers, 3972 M St. NW, Wash., D.C. | |

J. D. Poore

RECEIVED
MAY 28 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04948

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Bethesda, Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: South Carolina — COUNTY: Marion
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural, give location): 205 Manning St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| George | Milton | Stackhouse | 5/ | 21 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 7/17/73 | 75 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired Navy | Navy | South Carolina | U S |

13. FATHER'S NAME: Hugh Milton Stackhouse

14. MOTHER'S MAIDEN NAME: Martha Jane Stackhouse

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| Yes | War I | | wife: Mrs. George M. Stackhouse |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Heart Disease, Arteriosclerotic | 8 yrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Valvular Heart Disease, Aortic Stenosis | 5 yrs. |
| | (c) | |

420.1
92a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Calcification and elongation thoracic aorta

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from May 13, 1949, to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| F. R. Lang | F. R. LANG, Capt. MC USN, | US Naval Hospital, Bethesda, Md. | 5-21-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | MAY 24, 1949 | Rosehill Cemetery | Marion South Carolina |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-21-49 | Mary E. Patterson | Robert A. Pumphrey | Bethesda Md |

RECEIVED
MAY 24 1949
BUREAU T. S.

04949

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 2433 Otis St., N.E.

3. NAME OF DECEASED (Type or Print) (First) Mark (Middle) Edward (Last) TOWERS
4. DATE OF DEATH (Month) May 5 (Day) (Year) 1949

5. SEX male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11-28-64
9. AGE last birthday 84 yrs. If under 1 year Months 6 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mercantile Op.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash.,D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME TOWERS, William Wash.,D.C. dec.
14. MOTHER'S MAIDEN NAME IRVING, Virginia Wash.,D.C. dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) SP. AM. [illegible]
16. SOCIAL SECURITY NO.
17. INFORMANT wife: Mrs. Emma P. Towers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Bronchogenic, right upper lobe — 7 Mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

162
42c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 April, 1949, to May 5, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) ADDRESS DATE SIGNED
Wm. F. QUEEN, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 5-6-59

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 6-9-49
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) (State) Wash.,D.C.

DATE REC'D BY LOCAL REG. 5-6-59
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR W. W. Chambers, Riverdale, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04950

Reg. Dist. No. 215

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

I

T

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 628 S St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Lee (Middle) Roy (Last) TUCKER

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated

8. DATE OF BIRTH: 11-5-11

9. AGE last birthday: 37 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.: 11 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: TUCKER, John N.C. dec.

14. MOTHER'S MAIDEN NAME: TUCKER, Nellie N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother: Mrs. Nellie James

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

583 Immediate cause (a) Fatty metamorphosis of Liver

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Failure

125 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 May, 1949, to 4 May, 1949, that I last saw the deceased alive on 4 May, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE C. F. Park (Degree or title)

ADDRESS: C. F. PARK, Cdr. MCR USNR, US Naval Hospital, Bethesda, Md.

DATE SIGNED: 5-4-49

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE: 5-9-49

NAME OF CEMETERY OR CREMATORY: Arlington Nation

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 5-4-49

REGISTRAR'S SIGNATURE: Mary E. Patterson

24. FUNERAL DIRECTOR: W. Ernest Jarvis, 1432 U St., N. W. Wash., D.C.

ADDRESS: Wilmer Jarvis & Co

RECEIVED
MAY 9 1949
BUREAU V. S.

04951

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 1 mo. 19 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 107 Jefferson St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| A. | Guy | Watkins | May | 21 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | 10-4-94 | 54 yrs. | 7 | 17 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Appliance Dealer | | Md. | U.S. |

13. FATHER'S NAME: Clarence Watkins

14. MOTHER'S MAIDEN NAME: Carrie B. Ward

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war, or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| yes | WW 1 | | Rachel Watkins, wife |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) CARCINOMA PANCREAS | Months |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Bronchopneumonia | Days |
| | (c) | |

157
469

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from April 2, 1949, to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Ronald N. Shelley | Cdr USN | U.S. Naval Hospital | 5-21-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 5-25-49 | Arlington National | Arlington Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-21-49 | Mary C. Patterson | Robt. A. Pumphrey | Rockville, Md. |

VS. A15

RECEIVED
MAY 24 1949
BUREAU U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

04952

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Sandy Springs, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale, Maryland
STREET ADDRESS (If rural give location) Lewisdale, Maryland

3. NAME OF DECEASED (Type or Print): (First) Tobias (Middle) C. (Last) Watkins

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 24, 1859

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montg. Co., Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Julius Watkins

14. MOTHER'S MAIDEN NAME: Amanda Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Uriah Lawson, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis (Recurrent) | less than 1 hour. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | 20 years |
| | (c) | |

332
838

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: -----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1935, to May 15, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W McKendree Boyer M.D. Druid Theatre Building, Damascus, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 17
NAME OF CEMETERY OR CREMATORY: Bethesda MD.
LOCATION (City, town, or county) (State): Brownsville, MD

DATE REC'D BY LOCAL REG. May 16-49
REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR ADDRESS: Roy W. Barber Laytonsville, MD

RECEIVED
MAY 19 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04953

# CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN POOLESVILLE
STREET ADDRESS (If rural give location) Box 1

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Meade (Last) White
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 6-1871
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired US Army Major
10b. KIND OF BUSINESS OR INDUSTRY M.D.
11. BIRTHPLACE (State or foreign country) Leesburg, Loudon Co Va
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benjamin S White
14. MOTHER'S MAIDEN NAME Elzibeth Meade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If year, give war or dates of service) 1917-1935
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs J. M. White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to May 12 1949 that I last saw the deceased alive on May 12, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] W. [signature] MD
ADDRESS 908 Bonifant St. Silver Spring Md
DATE SIGNED 5/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/14/49
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville (State) Md

DATE REC'D BY LOCAL REG. 5/13/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William B. Hilton
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04954

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. — LENGTH OF STAY (in this place) 17 yr. 11 mo. 16 dy.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2124 P. St. N. W.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth, (Middle) Hamilton, (Last) Whitehead
4. DATE OF DEATH: (Month) 5 - (Day) 11 - (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 24, 1882
9. AGE last birthday: 66 yrs. — If under 1 year: Months 11 — If under 24 hrs.: Days 13, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Somerset Co. New Jersey
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Mortimer Whitehead
14. MOTHER'S MAIDEN NAME: Maye Roche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Patient's Admission Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, terminal — Jan. 1947

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cachexia
(c) Subacute Combined Degen. Spinal Cord — May 11 1949

357 82

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 49, to May, 19 49, that I last saw the deceased alive on May, 19 49, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE Arthur Haskell, M.D. (Degree or title) — ADDRESS — DATE SIGNED MAY 11 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/14/49 — NAME OF CEMETERY OR CREMATORY: Cedar Grove — LOCATION (City, town, or county) (State): Middletown, N.J.

DATE REC'D BY LOCAL REG. 5/11/49 — REGISTRAR'S SIGNATURE J. Wilbur Dodd

24. FUNERAL DIRECTOR: The S.H. Hines Co — ADDRESS 2901-14 St. N.W. Wash. DC.

RECEIVED
MAY 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF STILLBIRTH

BIRTH & DEATH

Reg. Dist. No. 215

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County: Montgomery

City or town: Bethesda, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
US Naval Hospital, Bethesda, Md.

Length of mother's stay in County: 1 day
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER: 04955

State: Washington, D.C.

County:

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2410 Penn. Avenue, N. W.
(If RURAL give LOCATION)

3. Name of child: Alto C. WILES #2

4. Date of birth: 5-12-49 Hour: 10:17 A.M.

5. Sex: male | 6. Twin or triplet: Twin

7. No. of weeks pregnancy: 6-7 months

## FATHER OF CHILD

8. Full name: WILES, Gene L., SN USN

9. Color: W-US 10. Age at time of this birth: 20 yrs.

11. Usual occupation: Navy

## MOTHER OF CHILD

12. Full maiden name: BRIGHT, Florzell Jean

13. Color: W-US 14. Age at time of this birth: 19 yrs.

15. Usual occupation: housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 01

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of

(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)

(b) State all operations, if any

(c) Did child die before operation?

During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Prematurity

(b) Maternal causes

776
359

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature: H. T. FOWLER, Jr. Comdr. MC USN
(Specify if M. D., midwife, or other)

Address: US Naval Hospital, Bethesda, Md.

23. (a) Turned over to (Burial, cremation or removal) (b) Date thereof 5-16-49 (month) (day) (year)

(c) ~~Cemetery or crematory~~ Pathological Dept.

24. (a) ~~Funeral director~~ US Naval Medical School, NNMC,

(b) Address Bethesda, Md.

25. (a) 5-16-49 (Date rec'd by registrar) (b) Mary C. Patterson (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived: 7 hours, 17 minutes

V. S. A10

RECEIVED
MAY 19 1949
BUREAU V. R.

DEATH 04956

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF STILLBIRTH ~~Birth & Death~~

Reg. Dist. No. 215

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County: Montgomery

City or town: Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: US Naval Hospital

Length of mother's stay in County: 1 day
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State: Washington, D. C.

County:

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2410 Penn. Avenue, N. W.
(If RURAL give LOCATION)

3. Name of child: ~~Boy~~ Wade A. WILES #1

4. Date of birth: 5-12-49 Hour: 10:10 A.M.

5. Sex: male | 6. Twin or triplet: Twin

7. No. of weeks pregnancy: 6-7 8 months

## FATHER OF CHILD

8. Full name: WILES, Gene L., SN USN

9. Color: W-US 10. Age at time of this birth: 20 yrs.

11. Usual occupation: Navy

## MOTHER OF CHILD

12. Full maiden name: BRIGHT, Florzell Jean

13. Color: W-US 14. Age at time of this birth: 19 yrs.

15. Usual occupation: housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of

(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)

(b) State all operations, if any

(c) Did child die before operation?

During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Prematurity

(b) Maternal causes

776

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature: A. T. FOWLER, Jr., Condr. MC USN
(Specify if M. D., midwife, or other)

Address: US Naval Hospital, Bethesda, Md.

23. (a) turned over to (Burial, cremation or removal) (b) Date thereof 5-16-49 (month) (day) (year)

(c) ~~Crematory~~ Pathological Dept.

24. (a) ~~Proprietor~~ ~~Director~~ US Naval Medical School, NNMC,

(b) Address Bethesda, Md.

25. (a) 5-16-49 (Date rec'd by registrar) (b) Mary C. Patterson (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived: 7 hours, 35 minutes

V. S. A10

RECEIVED
MAY 19 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04957

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 11 days 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 52 County Rd.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | C | Williams | May | 15 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | White | Married | Oct. 4th 1884 | 64 yrs. | | 19 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Carpenter | | Mechanicsville, Md. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Thomas F. Williams | Susie Dean |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | | Mr. Thomas F. Williams |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peritonitis following Ruptured

550.1 Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Appendix, Terminal Pneumonia

(c) Both lower lobes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 5-4, 1949, to 5-15, 1949, that I last saw the deceased alive on 5/15, 1949, and that death occurred at 11:00 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James E Boyland MD | | Suburban Hospital | 5/16/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 18, 1949 | St. Josephs Cemetery | St. Mary's Co., Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-16-49 | W E Jobes | Robert A. Trumpower | Bethesda, Md. |

VS. A15

RECEIVED
MAY 19 1949
BUREAU V. S.

04958

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Montg, MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montg |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg, — LENGTH OF STAY (in this place) 14yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) 208-Frederick Ave, |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Laura Lorena (Middle) (Last) Williams | | | 4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 49 19 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH June 10th 1866 | 9. AGE last birthday 82 yrs. If under 1 year Months 11 Days 7 If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10h. KIND OF BUSINESS OR INDUSTRY " | | 11. BIRTHPLACE (State or foreign country) Montg, Co, Md. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME George Bennett | | | 14. MOTHER'S MAIDEN NAME Emma Mous | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Walter B. Williams | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senile debility — 1 year

Antecedent cause(s) (b) Senile dementia — 2 years

304

162a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

| | | |
|---|---|---|
| 19a. DATE OF OPERATION ✓ | 19h. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE ✓ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓ | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓ | HOW DID INJURY OCCUR? ✓ |

22. I hereby certify that I attended the deceased from July, 1948, to April-17-, 1949, that I last saw the deceased alive on Jan-17-, 1949, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE William C. Miller (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED 5/18/49

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5/19/49 | NAME OF CEMETERY OR CREMATORY Union Cemetery | LOCATION (City, town, or county) Burtonsville. (State) Md, |
| DATE REC'D BY LOCAL REG. May 18-49 | REGISTRAR'S SIGNATURE Almeda L. Corbe | 24. FUNERAL DIRECTOR E C Gaithers, Gaithersburg Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAY 20 1949
BUREAU V. S.

04959

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 19 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Chaney Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 708 Chaney Drive

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Alice (Last) Wilson

4. DATE OF DEATH (Month) May (Day) 8, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12/24/1869
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Darflinger
14. MOTHER'S MAIDEN NAME Catherine Melsena Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Katherine W. Holland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 12 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | 27 yrs. |
| | (c) Arteriosclerotic heart disease | 30 yrs. |

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis 14 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1943, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace N. Mook M.D. ADDRESS 805 Carroll Ave., Takoma Pk., Md. DATE SIGNED 5/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 11, 1949
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Foot of Pa. Ave. S.E. (State) Pr. Geo. Co. Md

DATE REC'D BY LOCAL REG. May 9-1949
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St NW DC. Wash.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04960

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (In this place) 20 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2805 6th St., N.E.

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) Irvin (Last) WOOD

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated

8. DATE OF BIRTH: 10-13-16

9. AGE last birthday: 32 yrs. If under 1 year: Months 7 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ala.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: WOOD, Oliver Ala.

14. MOTHER'S MAIDEN NAME: CARPENTER, Minnie Ala.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: sister: Mrs. Athalea Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Volvulus of small intestine with strangulation and gangrene. | 5.16 - 5.18 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) Depot in Mesentery | |

5703
1288

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1949, to May 18, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE R. L. May (Degree or title) ADDRESS DATE SIGNED

R. L. MAY, Lt. MC USN, US Naval Hospital, Bethesda, Md. 5-19-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial/Removal DATE THEREOF May 20, 1949 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Tuscaloosa, Ala.

DATE REC'D BY LOCAL REG. 5-19-49

REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: Jones & Spigner Tuscaloosa, Ala. W. W. CHAMBERS 1400 Chapin St., N.W. Wash., D.C.

VS. A15

RECEIVED
MAY 21 1949
BUREAU T. S.

04961

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington, Md. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 43. St. Paul Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 43 St. Paul Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Theron (Last) Wright

4. DATE OF DEATH (Month) May (Day) 14 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 14, 1912
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY U.S.P.H.S.
11. BIRTHPLACE (State or foreign country) Reno, Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Wright
14. MOTHER'S MAIDEN NAME Mary Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) W. War II
16. SOCIAL SECURITY No.
17. INFORMANT Wife Mrs. Dorothy Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 5-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE THEREOF 5-16-49 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Reno, Nevada (State)

DATE REC'D BY LOCAL REG. 6-16-49 REGISTRAR'S SIGNATURE W.E. Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey, ADDRESS Bethesda, Md

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1949
BUREAU V. S.

04962

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural) LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural)
STREET ADDRESS (If rural, give location) Shady Grove Rd

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) Cerial (Last) Zetts

4. DATE OF DEATH (Month) May (Day) 14 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH 9/21/1878

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10b. KIND OF BUSINESS OR INDUSTRY oil field

11. BIRTHPLACE (State or foreign country) Cezglovikia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Zetts

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Anna Zetts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

INTERVAL BETWEEN ONSET AND DEATH: died suddenly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 30 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 5-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/17/49 NAME OF CEMETERY OR CREMATORY St. Rose Cemetery LOCATION (City, town, or county) Clopper (State) Md

DATE REC'D BY LOCAL REG. May 16-49 REGISTRAR'S SIGNATURE Alfreda G. Cooke

24. FUNERAL DIRECTOR E. C. Gartner Gaithersburg Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 18 1949
BUREAU F. S.